

## Ethnic group (tick appropriate)

To ensure we provide the best care for all our patients, we aim to have a representative Trust membership.

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> <b>White</b> – English, Welsh, Northern Irish and British White – Irish | <input type="checkbox"/> <b>Mixed</b> – Any other Mixed background   | <input type="checkbox"/> <b>Black or Black British</b> – Caribbean           |
| <input type="checkbox"/> <b>White</b> – Gipsy or British traveller                               | <input type="checkbox"/> <b>Asian or Asian British</b> – Indian      | <input type="checkbox"/> <b>Black or Black British</b> – African             |
| <input type="checkbox"/> <b>White</b> – Any other White background                               | <input type="checkbox"/> <b>Asian or Asian British</b> – Pakistani   | <input type="checkbox"/> <b>Black or Black British</b> – other Black         |
| <input type="checkbox"/> <b>Mixed</b> – White and Black Caribbean                                | <input type="checkbox"/> <b>Asian or Asian British</b> – Bangladeshi | <input type="checkbox"/> <b>Other ethnic groups</b> – Arab                   |
| <input type="checkbox"/> <b>Mixed</b> – White and Black African                                  | <input type="checkbox"/> <b>Asian or Asian British</b> – Chinese     | <input type="checkbox"/> <b>Other ethnic groups</b> – Any other ethnic group |
| <input type="checkbox"/> <b>Mixed</b> – White and Asian  | <input type="checkbox"/> <b>Asian or Asian British</b> – other Asian |  |

## Membership type

(tick as appropriate – see “You can become a member if:”)

- Patient                       Public

## Membership preferences

I am interested in:

- receiving regular information  
 attending meetings and events  
 completing questionnaires and surveys  
 providing feedback about our plans and services  
 standing for election as a Governor

## Data protection

By submitting this form you are giving consent for the data you have supplied to be stored on a third party database. We will only use it to contact you about the Trust, membership or other related issues in accordance with the Data Protection Act. Full details are available upon request from the membership office – [members@gstt.nhs.uk](mailto:members@gstt.nhs.uk).

We hope that you will choose to join us



Kate Griffiths-Lambeth, Public Member and Public Governor

## Membership is completely free of charge and joining is easy:

- **Go online** – visit our website and complete the online form [www.guysandstthomas.nhs.uk/membership](http://www.guysandstthomas.nhs.uk/membership)
- **Phone** – call us on **0800 731 0319**
- **Write to us** – complete the membership form in this leaflet and return it to the Foundation Trust membership office at the address below.

## Guy's and St Thomas' NHS Foundation Trust

Corporate Affairs  
4th Floor, Gassiot House  
St Thomas' Hospital  
Westminster Bridge Road  
London, SE1 7EH

# Become a member of our Trust

## It's free to join



## Get involved – have your say



PLEASE TEAR ALONG PERFORATION

