

Sign up to Brighton & Hove Local Involvement Network (LINK) Groups/Organisations



It's free to sign-up to Brighton & Hove LINK. The LINK gives everyone a voice on health and social care in Brighton & Hove. Registering with the LINK will mean we will occasionally send you details of events and activities, and our monthly newsletter.

Main contact name	
Name of group/organisation	
Brief description of organisation/group	
Address	
Postcode	
Contact phone number	
Email	
<i>If you give an email address we will use this as the main contact</i>	

Interests	
<i>We understand that you may only be interested in certain aspects of health & social care. In order to receive information about and to be involved with the issues, please tick all that apply.</i>	
<input type="checkbox"/> Children & young people	<input type="checkbox"/> Primary care (GPs, dentists etc.)
<input type="checkbox"/> Older people	<input type="checkbox"/> Hospitals
<input type="checkbox"/> Mental health & wellbeing	<input type="checkbox"/> Long term conditions
<input type="checkbox"/> Learning disability	<input type="checkbox"/> Black minority ethnic communities
<input type="checkbox"/> Sensory impairment	<input type="checkbox"/> Drug/alcohol/substance misuse
<input type="checkbox"/> Therapies (occupational etc.)	<input type="checkbox"/> End of life care
<input type="checkbox"/> Anything else:	

Please use this space to describe any ideas or comments you have about health & social care in Brighton & Hove:

ABOUT YOUR ORGANISATION

Who are your main group of clients service users? (*This information is collected so that we can monitor how well we represent local communities*).

- | | | | |
|--|---|---------------------------------|--|
| <input type="checkbox"/> BME | <input type="checkbox"/> Care Leavers | <input type="checkbox"/> Carers | <input type="checkbox"/> Children & Young People |
| <input type="checkbox"/> Learning disabilities | <input type="checkbox"/> Lesbian Gay and Bisexual & Transgender | <input type="checkbox"/> Men | <input type="checkbox"/> Mental health |
| <input type="checkbox"/> Older people | <input type="checkbox"/> Disabilities | <input type="checkbox"/> Women | <input type="checkbox"/> Everyone |

Type of involvement with the LINK? (*Tick all that apply*)

- Monthly newsletter (automatically sent)
- Surveys & polls (some are eligible for prizes)
- Joining an action group relevant to our group/organisation interests
- Other volunteering opportunities
- Help distribute LINK promotional materials
- Enter & View (visiting health & social care premises) *CRB check & further training required*

How did you find out about the LINK?

- | | | |
|--|----------------------------------|---|
| <input type="checkbox"/> Poster | <input type="checkbox"/> Leaflet | <input type="checkbox"/> Newspaper/Newsletter |
| <input type="checkbox"/> Friend/Family | <input type="checkbox"/> Event | Other _____ |

Is your organisation Brighton & Hove based?

Yes No

Does your organisation work with residents of Brighton & Hove?

Yes No

If you would like us to contact you using a different format please select one:

- | | |
|--|---|
| <input type="checkbox"/> Plain Text Easy Read | <input type="checkbox"/> Audio |
| <input type="checkbox"/> Large print | <input type="checkbox"/> Symbols |
| <input type="checkbox"/> Braille | <input type="checkbox"/> Other (please state) |
| <input type="checkbox"/> Language other than English, please state - _____ | |

Data Protection

The information on this form will be held on a database in accordance with the Data Protection Act 1998. We will use this information only to contact you about LINK activities.

I confirm that the information on this form is true. I agree to abide by the LINK's Code of Conduct. I agree that the LINK may hold and use information given on this form to enable my participation in the LINK.

Signature: _____ Date: _____

Please return to:

B&H LINK
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35 New England Street
Brighton
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