Patient and Public Involvement

Personal Information Form and Consent to Process Personal Data

Please complete and submit if you would like to be contacted regarding current and future patient and public involvement or engagement opportunities at NIHR Imperial Clinical Research Facility (ICRF).

Please note, you will be asked to complete a 15 minutes introductory video call and a PPI training course prior to joining our panel.

You can withdraw this consent at any time.

Personal details

Title:	
Name:	
Preferred name:	
Date of birth:	
Sex:	■ Male ☐ Female
Do you have any health conditions? ***Please give details:***	
Do you have any additional support needs that you would like help with to enable you to be involved? ***Please specify any access, mobility, medication or other issues.***	
Nature of employment/area of study/other:	

Contact details

Email address:	
Telephone (landline/Mobile):	
Preferred method of contact	Please select all that apply: ☐ Email ☐ Telephone

***Information for monitoring inclusion, diversity and equality.**

These questions are optional, however by providing other information we will be able to understand the diversity in our public contributors and to promote an inclusive and fair environment for everyone.

Do you consider yourself to be a disabled person? *Tick the appropriate box:*	☐ Yes	☐ No	■ Prefer not to say
What is your Religion? *Tick the appropriate box:*	☐ No religion ☐ Buddhist ☐ Christian	☐ Hindu ☐ Jewish ☐ Muslim	■ Sikh ☐ Other, specify: ☐ Prefer not to say
Which of the following best describes your gender? *Tick the appropriate box(es):*	☐ Man ☐ Non-binary ☐ Woman	■ Other, specify: ☐ Prefer not to say	
Do you identify as trans? *Tick the appropriate box(es):*	☐ Yes	☐ No	■ Prefer not to say

What is your Ethnic Group? *Tick the appropriate box:*	**Asian**: ☐ Bangladeshi ☐ Indian ☐ Pakistani ☐ Other Asian ☐ Not known	**Black**: ☐ African ☐ Caribbean ☐ Other black **White**: ☐ British ☐ Irish ■ Other white	**Mixed**: ☐ White + Asian ☐ White + black African ☐ White + black Caribbean ☐ Other mixed **Other ethnic group**: ☐ Chinese ☐ Other ☐ Prefer not to say
	If 'other' selected above, please specify:		
Which of the following best describes your sexual orientation? *Tick the appropriate box:*	☐ Asexual ☐ Bi/bisexual ☐ Gay / lesbian	☐ Queer ☐ Heterosexual ■ Pansexual	☐ Other, specify: ☐ Prefer not to say
Do you have any caring responsibilities? *Tick the appropriate box(es):*	☐ Yes, please specify below: ☐ Primary carer for child under 18 ☐ Primary carer for child with disability / illness	☐ No ☐ Primary carer for disabled adult ☐ Primary carer for older person (65yrs+)	☐ Prefer not to say ☐ Secondary carer

In order for us to process any payments or expenses, a non-payroll form must be completed, this form requires your bank details. If you would like us to keep a record of your bank details in order to process these payments, please complete your details below and enter your address and postcode. If you would like to complete the non-payroll form on an ad hoc basis please do not complete the section below.

Name of Bank (Optional)	
Account Number (Optional)	
Sort Code (Optional)	
Postal address (Optional)	

Please also tell us what time of the day and what days of the week are best for you to get involved/attend events.

Please tell us about any Patient and/or Public Involvement experience you may have had to date (if any). We would like to hear most about your experience and skills in research. Please specify organisations, networks or groups and the nature of activities as well as length of time spent in each. **If you have not had any experience in these areas, this is not a problem.**

Group/network/ organisation	Activities and responsibilities	Dates (from-to)

Please tell us what made you interested in being involved in patient/public involvement.

Please tell us what type of involvement activities you would like to be involved in.

Please tell us how you heard about us.

I consent to the above information to be used to identify current and future patient and public involvement or engagement opportunities of relevance whereby I will be contacted if deemed suitable. For further information about how we may use your data, please read our privacy notice[1] at https://www.imperial.ac.uk/nihr-crf/ppi/privacy-notice/

☐ **Yes, I consent to register for PPI activities as described in the privacy notice**

☐ **I confirm that all information given in this form is accurate.**

☐ **I consent to participate in the 15 minutes introductory video call**

☐ **I consent to take the mandatory NIHR Imperial BRC PERC PPI training offered**

Signature:___ _____ Date:_____

Once completed, please email this form to imperial.icrfppi@nhs.net **or post it to**;

Aime Palomeras
NIHR Imperial Clinical Research Facility
Imperial Centre for Translational and Experimental Medicine
Imperial College Healthcare NHS Trust
Hammersmith Hospital
Du Cane Road
London W12 0HS

[1]Notice About the use of Your Data
With your permission, the details you have provided in this form will be held securely by the NIHR Imperial CRF. For further information about how we will process your data, please see our privacy notice at: **https://www.imperial.ac.uk/nihr-crf/ppi/privacy-notice/**

You may withdraw this consent at any time without having to give a reason. **If you wish for us to delete your data,** please email imperial.icrfppi@nhs.net stating that you wish to **unsubscribe from the PPI Panel or have your data removed.**