



Cancer Partnership Group Sign-up form

Working in partnership with patients, families and carers to improve our services

Thank you for your interest in the role of patient representative for the Cancer Partnership Group. Please complete the information below and we will be in touch to discuss the next steps to being part of the group.

Full Name	
Telephone Number	
Email Address	

Please tick the option below that applies to you. I am...

a patient undergoing current treatment	<input type="checkbox"/>	a carer for someone with cancer	<input type="checkbox"/>
a friend or relative of someone with cancer	<input type="checkbox"/>	bereaved due to cancer	<input type="checkbox"/>
a patient in remission	<input type="checkbox"/>	Other- please specify:	<input type="checkbox"/>

Please tell us why you would like to apply for this role and your experience of and/or with cancer?

Please detail below any experience or skills you have that would support your application; including any experience of working as a member of a group or as part of a team. Please also specify any particular areas of interest:

Please sign below to confirm that you agree to a member of the group contacting you with regards to the information you have provided and your ability to contribute to the group.

We may require more information from you after this initial application as all group members must undergo the necessary volunteer checks.

Sign		Date	
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Returning your form:

Please return completed forms to the following address:

Cancer Partnership Group

Great Western Hospital NHS Foundation Trust

Cancer Services – Liden Department

Level 2 – Brunel Treatment Centre

Great Western Hospital

Marlborough Road

Swindon

Wiltshire SN3 6BB

Alternatively this form can be emailed to: gwh.gwhcancerpartnership@nhs.net

If you have any queries regarding your application or group membership please call 01793 606161