

# SIGN Patient/Public Involvement Network Joining Form



Title	First name
Second name	
Job Title	
Organisation	
Address line 1	
Address line 2	
Town/City	Postcode
Telephone	Mobile
Email	Website
Are you happy for your contact details to be provided to other members of the Patient & Public Involvement Network? <b>Yes</b> <b>No</b>	
What is your preferred form of communication from us?	
On a scale from 1 to 5, where 1 equals very little knowledge and 5 equals a great deal of knowledge, where would you rate your understanding of the SIGN guideline development process? (please select one)	
<b>1</b> <b>2</b> <b>3</b> <b>4</b> <b>5</b>	
Would you be interested in attending an update session and/or meeting a member of SIGN staff to explain more about SIGN? Please specify	
What is the main focus of your organisation?	
What are your areas of interest and/or expertise?	
Is there anything else you would like to tell us about that may be relevant to the SIGN Patient and Public Involvement Project?	
Might you be interested in any of the following?:	
<ul style="list-style-type: none"> <li>▪ Joining a SIGN guideline development group</li> <li>▪ Attending a SIGN National Open Meeting</li> <li>▪ Peer Reviewing a SIGN guideline</li> </ul>	<b>Yes</b> <b>No</b>  <b>Yes</b> <b>No</b>  <b>Yes</b> <b>No</b>
I agree to my details being kept on the SIGN Patient and Public Network database in accordance with the Data Protection Act 1998.	
I agree to SIGN sharing my details with other public involvement staff within Healthcare Improvement Scotland.	
Signature	
Date	

Thank you for completing this form. Please return it using the email 'submit' button or post it back to Karen Graham, Patient Involvement Advisor, SIGN Executive, Healthcare Improvement Scotland, 50 West Nile Street, Glasgow, G1 2NP