

Patient and Public Cancer Champions

Expression of interest form for patients, carers and public representatives

The Surrey and Sussex Alliance is committed to ensuring that the patient and public voice is at the heart of all its cancer improvement work. We would like to recruit patients, carers and members of the public to support our work and projects. If you have personal experience using cancer services in Surrey and Sussex or you are a carer or have an interest in improving cancer services, please complete the form below.

We will need to collect and hold some data about you because you will be doing engagement activities with the Surrey and Sussex Cancer Alliance. In addition, any financial information you give us will be used solely for the purpose of refunding any expenses you may incur. We will hold your data securely: we will not disclose it to anyone outside our organisation or use it in any other way apart from the sole purpose of engagement activities with SSCA.

Please complete the form below and indicate that you agree for us hold this information by ticking the square box at the end of the form.

If you have any queries, need a help completing the form and/or would like to find out more about what this opportunity, please contact Boba Rangelov, Patient and Public Engagement Manager, Surrey and Sussex Cancer Alliance by <u>email</u> rsch.sscappeteam@nhs.net or call 07790989985.

Your name:	
Your home address:	
Telephone:	
Email:	
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Preferred method of communication (phone, email, postal mail):				
Days available to participate	(please tick)			
Mon Tues	Wednesday	Thursday	Friday	
Do you have any special	need(s)/require	ements that we	should be aware o	of?
(please tick)	_			
Yes No				
If your answer is "Yes" to the need(s)/requirements in the		please describ	e your special	
Do you have a lived experien	nce of cancer?(p/	ease tick)		
How have you been affected	by cancer (if relev	/ant)? (please ti	ick)	
Patient Car	er	Ex-carer	Relative	
Health Professional				
What type of cancer and/or t	reatment do vou h	ave experience	e of or vou have ar	n interest in a
(please tick one or more boxes	•		,	
Tumour type	Experience		nterest	
Lung				
Upper gastrointestinal				
Lower gastrointestinal				
Head and Neck				
Gynaecological				
Skin				
Urological				
Breast				
Other (please specify below)				

How would you like to participate? (please tick one or more boxes)

PPE Activity	Yes
To be invited to one off events, meetings as and when required	
Participate in specific project/committee/group by attending relevant meetings	
(to be discussed in more detail as SSCA staff requested representation from	
patients carers and the public in specific projects)	
Review and feedback on written material	
To participate in surveys	
Other (please explain in the box below)	
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How did you hear about the engagement opportunity with the Surrey and Sussex Cancer Alliance?

Please indicate how you would like to receive information and invitations (please tick)

text	email	post	
		-	

The information about you that we will hold relates only to this role that you have registered for. It will allow us to contact you appropriately and will not be shared with any other party without your consent. **We can only hold this information with your consent.**

Please tick this box to indicate that you agree to us holding your information:

You have the right to withdraw your consent for us to hold your information at any time. Should you wish to, please contact us by either email or phone using the contact details below. SSCA may take photographs at events or use quotes and publish these on its website or social media channels to promote its activities.

If you consent to us using your image or quotes in this way, please tick this box:

Signature:	Date:	

We appreciate the time you spent to complete this form. Thank you for your interest in Surrey and Sussex Cancer Alliance.

Please send your completed form to

Boba Rangelov, Patient and Public Engagement Manager by email rsch.sscappeteam@nhs.net