Get involved and help improve the GIC

We want to continue improving the way we work, and we believe that our current and former service users are the best people to help us understand what matters to the people we support.

We already take your post-appointment feedback very seriously, and would like to build on this.

Would you be interested in being contacted by email for any of the following?

Please tick as many boxes as you wish. You are not committing to these activities, but will be invited to participate when opportunities arise. Some sessions will be online, and some in-person, so as many people as possible can take part.

Giving feedback on clinic leaflets

Participating in interview panels for new staff

Providing suggestions as to how we can improve the clinic

Providing feedback on the clinic website

Commenting on clinic policies when they are in draft form

Helping to deliver teaching as an expert patient to trainees

Having my photograph taken for the website

Firstname (on your medical record): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred first name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth *(day / month / year)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred pronouns *(she, he, they, ze etc)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address *(or preferred method of contact if not by email):*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I prefer to be called a **patient / service user** *(please delete as applicable)*.