

**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 can withdraw this consent at any time.

**Personal details**

<b>Title:</b>	
<b>Name:</b>	
<b>Preferred name:</b>	
<b>Date of birth:</b>	
<b>Sex:</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Do you have any health conditions?</b> <i>Please give details:</i>	
<b>Do you have any additional support needs that you would like help with to enable you to be involved?</b> <i>Please specify any access, mobility, medication or other issues.</i>	
<b>Nature of employment/area of study/other:</b>	

**Contact details**

<b>Email address:</b>	
<b>Telephone (landline/Mobile):</b>	
<b>Preferred method of contact</b>	Please select all that apply: <input type="checkbox"/> Email <input type="checkbox"/> 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?**     Yes     No     Prefer not to say

*Tick the appropriate box:*

**What is your Religion?**     No religion     Hindu     Sikh  
 Buddhist     Jewish     Other, specify:  
 Christian     Muslim     Prefer not to say

*Tick the appropriate box:*

**Which of the following best describes your gender?**     Man     Other, specify:  
 Non-binary     Prefer not to say  
 Woman

*Tick the appropriate box:*

**Do you identify as trans?**     Yes     No     Prefer not to say

*Tick the appropriate box:*

**What is your Ethnic Group?**    **Asian:**    **Black:**    **Mixed:**  
 Bangladeshi     African     White + Asian  
 Indian     Caribbean     White + black African  
 Pakistani     Other black     White + black Caribbean  
 Other Asian    **White:**     Other mixed  
 Not known     British     Other ethnic group:  
 Irish     Chinese  
 Other white     Other  
 Prefer not to say

If 'other' selected above, please specify: .....

**Which of the following best describes your sexual orientation?**     Asexual     Queer     Other, specify:  
 Bi/bisexual     Heterosexual     Prefer not to say  
 Gay / lesbian     Pansexual

*Tick the appropriate box:*

Yes, please specify below:     No     Prefer not to say

**Do you have any caring responsibilities?**     Primary carer for child under 18     Primary carer for disabled adult     Secondary carer  
 Primary carer for child with disability / illness     Primary carer for older person (65yrs+)

*Tick the appropriate box(es):*

**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.**

<b>Name of Bank</b> (Optional)	
<b>Account Number</b> (Optional)	
<b>Sort Code</b> (Optional)	
<b>Postal address</b> (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.**

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

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.

**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<sup>1</sup> at <https://www.imperial.ac.uk/nih-cr/p/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 take the mandatory NIHR Imperial BRC PERC PPI training offered

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Once completed, please email this form to [imperial.icrfppi@nhs.net](mailto: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

**<sup>1</sup>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/nih-cr/p/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](mailto:imperial.icrfppi@nhs.net) stating that you wish to **unsubscribe from the PPI Panel or have your data removed.**