**Get involved and have your say**

**Join People Bank**

***Do you use adult social care or health services or know someone who does? We need you!***

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***What is People Bank?***

People Bank are a group of people **like** **you** who   
**know what it’s like** to use adult social care or health services.

**With your help**, we can make changes to areas in health and social care that are important to you.

We want you to **share your ideas** so we can **improve.**

You can get involved **as much** or **as little as you want**.

***How can I get involved?***

Joining People Bank means you will get:

* A **regular newsletter** telling you about ways to have your say
* Invitations to the **Annual Summit** to help decide what areas are most important over the next year
* Opportunity to **represent the community** on our Involvement Board
* Opportunities to join **working** **groups** and make a change on topics that are most important to you

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***How do I join?***

Please complete the attached form and return it to:

**Engagement Lead**

**Adults and Communities, Barnet Council**

**7th Floor, Barnet House**

**1255 High Road**

**Whetstone N20 0EJ**

**Email:** [**engage.adults@barnet.gov.uk**](mailto:engage.adults@barnet.gov.uk)

**Tel: 020 8359 4712**

***We will add your contact details to our People Bank database***

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**People Bank Application Form**

|  |  |
| --- | --- |
| **Contact details:** | |
| Name |  |
| Address |  |
| Tel |  |
| Email |  |

|  |
| --- |
| **Preferred contact method: (please tick)** |
| **Email**  **Letter**  **Phone** |

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| **Do you have any additional support needs or requirements?** |
| *For example,*  *Do you need to receive information in large print or Easy Read?*  *Do you need any support to attend events or meetings?* |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **I am a: (tick most appropriate box)** | | | | | | | |
| Carer  *(I support someone with care needs)* | |  | | Service user  *(I use social care services or have done in the past)* | |  | |
| Voluntary sector representative  *(I work for or volunteer for a voluntary group or charity)* | |  | | Statutory provider representative  *(I work with the Council, NHS, or provider of these services)* | |  | |
| **I am particularly interested in issues about:(tick all that apply)** | | | | | | |
| Autism |  | | Mental health | |  | |
| Caring for someone |  | | Older people | |  | |
| Direct payments |  | | Physical disabilities | |  | |
| Health improvement |  | | Sensory impairment | |  | |
| Learning disability |  | | Wider council issues | |  | |
| Long-term conditions |  | | Other (please specify) | |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Please contact me about: (tick all that apply)** | | | |
| Online surveys |  | Forums and groups |  |
| Consultations |  | Meetings and events |  |

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| **Where did you hear about People Bank?** | |
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**Data Protection Act 1998**

Barnet Council has a duty to protect the public funds it administers and may use the information you have provided for the prevention and detection of crime.  We may also share information with other council departments or external organisations in order to undertake our functions as a local authority. We will always comply with the requirements of the Data Protection Act 1998 and never give information about you to anyone else, or use information for another purpose unless the law allows us. For more information, visit [www.barnet.gov.uk/privacy](http://www.barnet.gov.uk/privacy)

Barnet Council would also like to work with Barnet Clinical Commissioning Group (CCG). Barnet CCG deal with health services and we would like to share your details so you can be contacted when relevant opportunities are available.

|  |  |
| --- | --- |
| **Please tick this box if you consent to us sharing your details with Barnet CCG for invitations to get involved in health services.** |  |