



**Patient feedback**  
listening to you



**Leicestershire Partnership**  
NHS Trust

## Service Users, Parents, and Carers: Your Skills, Experience, Needs, and Interests

Please complete this form so we can match you to the right type of involvement activity that meets your needs and interests. For more information about our Involvement opportunities, please go to [www.leicspart.nhs.uk/involvingyou](http://www.leicspart.nhs.uk/involvingyou)



Try to answer all of the questions. If you are unsure, then write 'don't know'.

If required, you can ask someone to help you fill in this form.

Please check the below details are correct

**Name:**

**Email/Contact details:**

**Are you a service user or carer/both:**

**Preferred method of contact:**

**Gender – are you:**

Male  Female  Prefer not to say

Is your gender identity the same as the gender you were assigned at birth?

Yes  No  Prefer not to say

**Age – What age range best describes you?**

0-18  18-64  65 and over

**Disability – Do you have any long standing illness, disability or health problem?**

Yes  No  Prefer not to say

**Ethnicity**

- White British  White Irish  Other white background
- Mixed Black Caribbean  Mix/Black African  Mix Asian
- Mix other background  Asian Indian  Asian Pakistani
- Asian Bangladeshi  Other Asian background
- Black/British Caribbean  Black/British African  Black/Other
- Chinese  Any other Ethnic group known

**Religion – What is your religion?**

- No religion  Hindu  Sikh  Buddhist  Jewish  Christian
- Muslim  Other

**Sexual Orientation – are you:**

- Heterosexual    Bisexual    Gay or Lesbian    Prefer not to say  
 Other



**Skills:** *Please tell us about what you like doing, what kind of person you are, what you are good at, and anything you don't like doing.*



**Education, Training, Work or Work experience:** *Please tell us about any training courses or qualifications you have, or any relevant work experience.*



**Experience and Interests:** *Please tell us about any other experiences you think may be relevant, and any areas in the Trust that you would particularly like to get involved with. What areas interest you when thinking about becoming involved?*



**Types of involvement:** *Please tick box(s) below; Please note training and development is available to support you to get involved with the below activities.*

|                          |  |                          |   |
|--------------------------|--|--------------------------|---|
| <input type="checkbox"/> | Completing surveys                                   | <input type="checkbox"/> | Delivering training                                     |
| <input type="checkbox"/> | Attending focus groups                               | <input type="checkbox"/> | Experts by Experience programme                         |
| <input type="checkbox"/> | Attending the Recovery Cafés                         | <input type="checkbox"/> | Patient representative at meetings                      |
| <input type="checkbox"/> | Working with staff to listen and respond to feedback | <input type="checkbox"/> | Undertaking patient led assessments of care environment |
| <input type="checkbox"/> | Collecting feedback from other patients/carers       | <input type="checkbox"/> | Organising & presenting at Recovery Cafés               |
| <input type="checkbox"/> | Virtual involvement via email or post                | <input type="checkbox"/> | Involvement in recruiting staff/ attendance on panels   |

|   |  |                               |                          |                              |
|---|--|-------------------------------|--------------------------|------------------------------|
|   | <input type="checkbox"/>   | One to one interviews         | <input type="checkbox"/> | Input into Trust policies    |
|   | <input type="checkbox"/>   | Speaking about own experience | <input type="checkbox"/> | Quality Improvement Projects |
|   | <input type="checkbox"/>   | Attendance at health events   | <input type="checkbox"/> | Attending training sessions  |
|   | <input type="checkbox"/>   | Service evaluations           | <input type="checkbox"/> | Involvement in research      |
|  | <p>We will contact you for a further telephone conversation regarding your expression of interest, and to book you onto an Introduction to Involvement workshop. Please provide us with the best time to contact you;</p> <p><input type="checkbox"/> AM   <input type="checkbox"/> PM   <input type="checkbox"/> Any day of the week</p> <p><input type="checkbox"/> Monday   <input type="checkbox"/> Tuesday   <input type="checkbox"/> Wednesday   <input type="checkbox"/> Thursday   <input type="checkbox"/> Friday</p> |                               |                          |                              |

### Outline of services provided by LPT for reference:

**Adult Mental Health Services** - includes; inpatient and community services, services for people who come into contact with the criminal justice system, inpatient and community eating disorder services, mental health crisis services, Leicester Recovery College (an NHS college offering a range of recovery focused educational courses for people with lived mental health experience).

**Learning Disability Services** - includes; inpatient and community services

**Families, Young People and Children's Services** - includes; Child and Adolescent Mental Health Services (CAMHS) in the community, and inpatient settings, eating disorder services, children's services including public health nurses (health visitors and school nurses), immunisations, child paediatrician.

**Community Health Services** - includes; inpatient physical health services in Community Hospitals including all therapy services, community physical health services including district nursing & community therapy, mental health services for older people in the community and inpatients, podiatry services, specialists inpatient and community mental health services e.g. Huntington's Disease Service.

### Next steps

**Once complete** please post your completed form using the Trust's Freepost address at: [Freepost LPT Patient Experience](#)

Via email: [LPTPatientExperience@leicspart.nhs.uk](mailto:LPTPatientExperience@leicspart.nhs.uk)

Via telephone: [0116 295 0818](tel:01162950818). You can speak with a member of the Patient Experience and Involvement Team who will be happy to take details contained in this form over the phone.

We will also invite you along to a Virtual Involvement Induction where we will provide you with;

- Information about LPT
- Current and future virtual involvement opportunities
- Virtual training and support available
- Capture your areas of interest (if not already completed)
- Reward and Recognition Policy
- Your Involvement pack

Please keep this page for your information

### **How we store your information**

Personal information is uploaded to a secure folder within the Trust network where only the Patient Experience and Involvement Team will have access.

### **How long we hold your information**

Your data will be held in accordance with the Records Management Code of Practice for Health and Social Care, where information for patients is retained for a minimum of eight years following the completion of the purpose for which it was taken.

### **How we will use your information**

The Patient Experience and Involvement Team will contact you about possible engagement and involvement opportunities for various projects across Leicestershire Partnership NHS Trust (LPT). We will never pass your details onto third parties, and will only contact you with LPT opportunities.

### **The basis on which we process your information**

By providing the information you are consenting to us processing your information in order to make you aware of various opportunities to be involved in projects across LPT

### **Your rights**

- **Right to be informed:** This form provides the basis upon which you agree to the purpose for us holding your information, and the reasons you will be contacted about.
- **Right of access:** You have the right to obtain confirmation about the information that the Trust processes about you, and the right to obtain a copy of the information held.
- **Right to erasure (right to be forgotten):** You can ask the Trust to delete the details we hold on you for the purpose of engagement and involvement. The Trust will remove your data from the engagement list, and will confirm that this has taken place within 1 month of receipt of your request, and you will no longer receive emails in regards to LPT involvement opportunities.
- **Right to restriction of processing:** You have the right to ask the Trust to restrict the information that we process about you.