

Expression of Interest

Kent and Medway Cancer Action Partnership (KM-CAP)

We need to collect and hold data on you for the purposes of your involvement with us. Any future financial information given by you to us will only be used for the purposes of refunding any expenses you may incur. We hold your data securely and will not divulge, sell or dispose of it to anyone or organisation who is not within the confines of the KM-CAP. Please agree to this policy by consenting in the box at the bottom of this form.

Name.....

Address.....

.....Postcode:.....

Telephone: (home)..... (Mobile).....

Email Address.....

How have you been affected by cancer? *(please circle)*

Patient

Carer

Relative

Healthcare Professional

What type of cancer and/or treatment do you have experience of? *(please tick all relevant boxes)*

Lung	Gynaecological	Upper Gastrointestinal	Breast
Skin	Head and Neck	Colorectal	Urological
Thyroid	Haematological	Radiotherapy	Chemotherapy
Palliative Care	Metastatic Spinal Cord Compression	Brain and Central Nervous System	Children and Young People (CYP) Teenagers and Young Adults (TYA)
Other:	Please specify:		

How would you like to participate? (please tick all that are relevant)

Become a member of a Cancer Action Groups	Be contacted when your area of experience requires patient perspectives	Be contacted by phone or email to answer surveys, feedback on literature etc	
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Which Trust(s) have you visited for treatment? (please tick all that are relevant)

Dartford and Gravesham NHS Trust	East Kent Hospitals University NHS Foundation	Medway NHS Foundation Trust	Maidstone and Tunbridge Well NHS Trust	
Other (please state)				

How did you hear about the Cancer Action Group?

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Please indicate how you would like to receive information and invites by:

Text Email Post

KM-CAP may take photographs at events or use quotes and publish these on the KM-CAP website or social media channels as promotion. If you consent to your image being used by KM-CAP in this way, please tick here

The information that we hold on you is in relation to the role that you have registered for and will allow us to ensure that you will be contacted appropriately. This information is kept on the basis of consent. Please tick this box to indicate that you agree to us holding your information

Your information will not be shared with any other party. You have the right to withdraw consent for us to hold your information at any time. Please contact us by either email or phone on the details below.

If you have any information or communication needs please inform us below.

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Signature:..... Date:.....

Please return completed forms to: ekhufft.kmcc.ppe@nhs.net or Kent & Medway Cancer Collaborative, 1st Floor Arundel Unit, William Harvey Hospital, Kennington Road, Ashford TN24 0LZ. For further information please call 01233 651905 or visit our website at: www.kmcc.nhs.uk