

Reference and Engagement Group (REG) Application Form for Organisations



Thank you for applying to become a member of our REG. Please complete all required boxes marked *.

What is the REG?

Our REG is a virtual network made up of voluntary and community sector organisations and Expert by Experience. It helps us to distribute information and gather the views of a variety of different groups and communities throughout Worcestershire.

What is the role of REG?

- Act as a way of communicating information between Healthwatch Worcestershire (HWW) and the membership/contact base of individual organisations
- To provide information to HWW including patient, service users and carers' experiences of health and social care services
- To provide advice to HWW on its activities
- To provide assurance to HWW on its activities

Who can join REG?

A voluntary or community sector organisation that can demonstrate it has an interest in publicly funded health and social care services in Worcestershire.

Who cannot join REG?

Statutory sector commissioners or providers and private sector providers.

Name of organisation*		
Contact Name*		
Position*		
Email		
Website		
Telephone		
Address		
What type of organisation are you?*	Voluntary sector	<input type="checkbox"/>
	Community group (e.g. social interest group)	<input type="checkbox"/>
	Company Ltd	<input type="checkbox"/>
	Other (Please state) _____	

Reference and Engagement Group (REG)

Application Form for Organisations

Please indicate the group(s) that best describes those your organisation represents: *	
Carers <input type="checkbox"/>	Older People <input type="checkbox"/>
Young People/Children/Families <input type="checkbox"/>	Housing <input type="checkbox"/>
Physical Disability <input type="checkbox"/>	Homelessness <input type="checkbox"/>
Learning Disability <input type="checkbox"/>	Specific illness/Long term conditions <input type="checkbox"/>
Mental Health and Wellbeing <input type="checkbox"/>	Black, Asian and Minority Ethnic Community <input type="checkbox"/>
Autism Spectrum Conditions <input type="checkbox"/>	Advice and Support <input type="checkbox"/>
Sensory Impairment <input type="checkbox"/>	Lesbian, Gay, Bisexual and Transgender <input type="checkbox"/>
	Other (please state) <input type="checkbox"/>

What does your organisation/group do? *

What happens next?

Please send your completed application to info@healthwatchworcestershire.co.uk or Freepost RTEE-GKAT-SRLR, Healthwatch Worcestershire, Civic Centre, Queen Elizabeth Drive, Pershore, Worcestershire, WR10 1PT

When we receive your completed application form it will be taken to the next Board meeting for agreement. A member of the HWW will contact you by post or email to let you know if your application has been approved.

Sign:	Print:	Date:
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Data Protection: the information given will be held and used in accordance with the Data Protection Act 1998 and that permission continues to be granted until confirmed in writing that it is withdrawn. Your contact details will not be passed on to anyone else without your consent.

For office use only	
Engagement Officer	
Directors Meeting Date	
Approved?	
Letter sent date	
Entered onto database date	