

Membership Registration Form

We are really pleased you're interested in joining our Trust as a member. Our members help us shape the future of our hospitals, improve patient care and help us to better support our staff. To become a member, please complete the form below and return it to the Trust at the address or email overleaf.

Why become a member?

- Receive regular information about the Trust through newsletters and emails
- Be informed, and give your views on plans for future developments
- Attend member events including the Annual Members' Meeting
- Vote or stand in elections to the Council of Governors

Title	Mr / Mrs / Miss / Ms / Other:		
First name		Surname	
Address			
Postcode		Email	
Telephone		Mobile	
Date of birth		Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary <input type="checkbox"/> Rather not say

About you... (optional)

Asian		Black		Chinese		Mixed		White	
1. Bangladeshi	<input type="checkbox"/>	5. African	<input type="checkbox"/>	8. Chinese	<input type="checkbox"/>	12. White and black Caribbean	<input type="checkbox"/>	13. British	<input type="checkbox"/>
2. Indian	<input type="checkbox"/>	6. Caribbean	<input type="checkbox"/>	9. Other	<input type="checkbox"/>	13. White and black African	<input type="checkbox"/>	14. Irish	<input type="checkbox"/>
3. Pakistani	<input type="checkbox"/>	7. Other	<input type="checkbox"/>		<input type="checkbox"/>	14. White and Asian	<input type="checkbox"/>	15. Other	<input type="checkbox"/>
4. Other	<input type="checkbox"/>								

Are you... (optional)

Heterosexual	<input type="checkbox"/>	Lesbian	<input type="checkbox"/>	Gay	<input type="checkbox"/>	Bi-sexual	<input type="checkbox"/>	Rather not say	<input type="checkbox"/>
What is your religion / belief:								Rather not say	<input type="checkbox"/>
Are you disabled				Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Rather not say	<input type="checkbox"/>

As a member I would like to...

Receive information	<input type="checkbox"/>	Receive information / be invited to participate in questionnaire target surveys and focus groups	<input type="checkbox"/>
Receive information / attend meetings and events	<input type="checkbox"/>	Other (please specify if you have any special interests)	<input type="checkbox"/>
Your preferred method of communication. Please help us reduce our costs and help the environment by selecting 'email' wherever possible.		Email	<input type="checkbox"/>
		Large print	<input type="checkbox"/>
		Post	<input type="checkbox"/>
		Easy read	<input type="checkbox"/>
Other, please specify:			

Please date and sign below		I declare that I am eligible and would like to register my interest in becoming a public member	
Signature		Date	

How to return your membership form

Please return your membership form to the following freepost address or email it direct to our Membership Team on the email address below:

Postal address (freepost)

Freepost NWW8421A
Membership Office
Trust Headquarters
Countess of Chester Hospital NHS Foundation Trust
Liverpool Road
Chester
CH2 1ZZ

Email address

coch.membershipenquiriescoch@nhs.net

Find out more about membership

You can find out more about membership on the Trust's website using this QR code or by visiting www.coch.nhs.uk.



Contact our Membership Team

For further information about membership please contact our Membership Team who will be happy to answer any questions you have or talk to you about what it means to be a member. They can also tell you more about the role of Governor. Contact the team using the details below:

Phone: 01244 366429

Email: coch.membershipenquiriescoch@nhs.net

Keep up to date with Trust news

If you use social media then please follow us on Facebook, Instagram, X (formerly Twitter) or LinkedIn.

