**One Bromley Community Champion Registration form**

One Bromley Community Champions are local residents who are willing to promote health and wellbeing among their families, community networks and fellow residents in Bromley.

To register, simply fill out the form below, and we will add you to our system. If you would like to know more about the programme before joining or need support with the registration form, call the team on 07824 503760 or email onebromley.champions@selondonics.nhs.uk

Please send your completed form to onebromley.champions@selondonics.nhs.uk

**Contact details**

|  |  |
| --- | --- |
| Full name |  |
| Contact number  |  |
| Email address |  |
| Address (including post code) |  |
| Registered GP practice  |  |
| Are you happy for us to contact you? Please add **Yes** or **No** to each option. We need your consent.  | By email |
| By phone (call or text) |
| Via Whatsapp if you have it |

**About you** *(Only fields with a \* are mandatory however this information helps us understand your background and is kept confidentially and securely in our records)*

|  |  |
| --- | --- |
| Age at time of registration\* |  |
| Gender\* | Female |
| Male |
| Non-binary |
| Prefer not to say |
| Ethnic group  | White English / Welsh / Scottish / Northern Irish / British |
| Black African |
| Black Caribbean |
| Black British |
| Asian or Asian British |
| Mixed / multiple ethnic background |
| Arab or Arab British |
| Latin American |
| Any other ethnic group |
| Any other White background |
| Other  |
| Prefer not to say |
| Religion  | No religion  |
| Christian |
| Buddhist |
| Hindu |
| Jewish |
| Muslim |
| Sikh |
| Other |
| Prefer not to say |
| Sexual orientation  | Heterosexual/straight |
| Gay |
| Lesbian |
| Prefer not to say |
| Do you have a disability? *If Yes please provide brief details which would be relevant for this role.* | Yes (physical disability) |
| Yes (mental disability) |
| No |
| Prefer not to say |
| Are you a carer?  | Yes (please provide brief details which would be relevant for this role) |
| No |
| Do you have a DBS check (Disclosure and Barring Service)  | Yes – please provide date issued/date expires |
| No |
| Mother tongue language/s |  |
| Other languages |  |

**Your connections and interests**

|  |  |
| --- | --- |
| Do you volunteer for an organisation in Bromley? Healthwatch, Community Links Bromley, Bromley Well… | Yes (please specify) |
| No |
| Are you in contact or part of any local group, including faith groups, school groups, leisure activities…  | Yes (please add details) |
| No |
| Are you a member of the Patient Participation Group at your GP practice?  | Yes |
| No |
| Do you use social media? If so, please add ‘Yes’ to the options on the side | TwitterFacebookInstagramWhatsAppOther |
| Do you have any specific health interests? Please add a tick/cross to any relevant interests. | Access to services |
| Cancer |
| Children and Young People  |
| Covid 19 |
| Dementia |
| Diabetes |
| Disability |
| End of Life Care |
| Healthy Lifestyle |
| Healthy Weight and Nutrition |
| Men’s Health |
| Mental Health and Wellbeing |
| Pregnancy and Maternity |
| Services for Older People |
| Sexual Health |
| Women’s Health |
| Other (please specify) |
| Best time to engage in Community Champions activities – Please tick all that apply. *We understand your circumstances might change and we are flexible with your availability.* | Weekdays - morning |
| Weekdays - afternoon |
| Weekend  |
| Any other comments for how you could benefit the Community Champions programme?  |  |

**Agreement**

*Please sign and date your One Bromley Community Champions agreement*

* I agree to share information about Bromley health services and initiatives following guidance and using material provided by the Community Champions team only, to support Bromley residents health and wellbeing
* I understand I can ask for support and information if I don’t feel confident about the messages I need to share
* I agree I will not use my position as Community Champion for any material gain
* I understand I will be able to participate in a variety of opportunities (*please note some activities will need DBS clearance*)
* I agree to be respectful and supportive with other members of the programme
* I agree to protect confidential information
* I agree to follow advice and guidance from the One Bromley Community Champions team
* I understand there is flexibility around the time I dedicate to support the programme depending on my availability and that I can withdraw from the programme at any time
* I understand if I do not abide by the terms of this agreement, then One Bromley Community Champions Team can stop my Community Champion Membership without notice.

Name:

Signature:

Date: