



Have your say...

Thank you for reading about our plans to become a Community Foundation Trust (CFT).
Please tell us what **you** think.

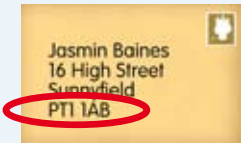


Send this back in the **FREEPOST** envelope.
Don't forget to become a **member**!



If you want your answers to be **private**, tick here.

Step 1 – about you



My postcode is:

I am:  a man

 a woman

I am: A member of the **public**

From a **community group**

Which one?

I am:

White:

British

Irish

White other

Mixed:

White and Black
Caribbean

White and Black
African

White and Asian

Any other Mixed
Background

Asian or Asian British:

Indian

Pakistani

Bangladeshi

Any other Asian
Background

Black or Black British:

Caribbean

African

Any other Black
Background

Chinese or other:

Chinese

Other



My date of birth is:

Step 2 – What do you think about our plans?

Please tick **Yes** or **No** and write any extra comments in the boxes.

1

Goals

1 _____

2 _____

3 _____

4 _____

Do you agree with our 4 main goals
for the future?

Yes

No



Which name do you like best for our CFT?

- A Norfolk Community Health and Care and NHS Community Foundation Trust
- B Norfolk Health and Care NHS Community Foundation Trust
- C Other? (Write your choice below)

Empty text box for answer to question 2.



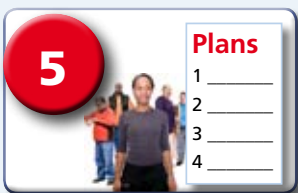
Should 14 be the youngest age that somebody can be a member? Yes No

Empty text box for answer to question 3.



Do you agree with our plans for our public constituencies? Yes No

Empty text box for answer to question 4.



Do you agree with our plans for public members? Yes No

Empty text box for answer to question 5.

6  Plans
1 _____
2 _____
3 _____
4 _____


Do you agree with our plans for elections?

Yes
 No

7  16 years old

Should 16 be the youngest age that somebody can be a governor?

Yes
 No

8 


Do you agree with how our Board of Governors is made up?

Yes
 No

9 

Do you agree who we have chosen for governors from other groups?

Yes
 No

10  Plan
1 _____
2 _____
3 _____
4 _____

Do you agree with our plans for how we run things?

Yes
 No

Step 3 – time to become a member!

Do you want to become a **member** of Norfolk Community Health and Care NHS Trust?

Yes **Welcome to our Trust.**

No If you change your mind, join at any time at:
www.norfolkcommunityhealthandcare.nhs.uk

Please go to **step 4.**

More about you

Mr Mrs Ms Other



Name



Address

Postcode:



Phone



Email



Do you need **information** in large print, Braille, or in Easy Read?

How do you want to take part? Do you want:



information only

to take part

to play a big part

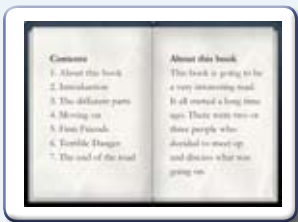


Do you have a **disability**?

Yes

No

What is it?

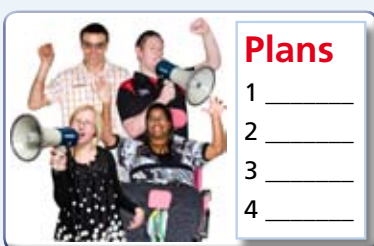


Do you want **your name** to be on our public list of members?

Yes

No

Step 4 – feedback



Do you want to know what everyone said about our plans?

Yes

No

If **yes**, we'll send you information about this.

Step 5 – sign the form and send it to us!

Please **sign your name** and write the **date**.

Then **send it back to us**.



Signed

Date



Send it to us **free**.

Post it to:

FREEPOST MEMBERSHIP ENGAGEMENT SERVICES
(That's all you write on the envelope)

Need help?



Email: nchandcmembership@nhs.net



Phone: **0800 731 0319**