**Wakefield Hospice - Community Advisory Group – Statement of Interest Form**

**Once completed, please return to** **naomi.noble@wakefieldhospice.co.uk** **Thank you.**

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| --- | --- | --- | --- |
| **Name:** |  | **DOB:** | **DD/MM/YYYY** |
|  |
| **Current Job Role and Employer:** |  |
|  |
| **Relationship to Wakefield Hospice***(tick as many as apply)* | **🞏 I am currently accessing the care services provided by the hospice** **🞏 I have used the hospice’s care services in the last 12 months but not currently****🞏 I have used the hospice’s care services, but not in the last 12 months****🞏 A family member of mine has accessed the care services provided by the hospice in the last 12 months****🞏 A family member of mine has accessed the care services provided by the hospice, but not in the last 12 months****🞏 I have made a donation to Wakefield Hospice in the last 12 months****🞏 I have made a donation to Wakefield Hospice, but not in the last 12 months****🞏 I have volunteered for Wakefield Hospice in the last 12 months (if yes, in what role \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)****🞏 I have volunteered for Wakefield Hospice, but not in the last 12 months (if yes, in what role \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)** |
|  |
| **Please use the space provided below to highlight why you would like to join the Community Advisory Group (continue overleaf if needed).** |
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