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

**Once completed, please return to** [**naomi.noble@wakefieldhospice.co.uk**](mailto:naomi.noble@wakefieldhospice.co.uk) **Thank you.**

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| --- | --- | --- | --- |
| **Name:** |  | **DOB:** | **DD/MM/YYYY** |
|  | | | |
| **Current Job Role and Employer:** |  | | |
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| **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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)** | | |
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| **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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