

Title		First name *	
Second name*			
Job title			
Organisation (if applicable)			
Address line 1			
Address line 2			
Town/City			Postcode
Telephone		Mobile	
Email*		Website	
<p>On a scale from 1 to 5, where 1 equals very little knowledge and 5 equals a great deal of knowledge, where would you rate your understanding of the SIGN guideline development process? (please select one)</p> <p>1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/></p>			
<p>Would you be interested in attending an update session and/or meeting a member of SIGN staff to explain more about SIGN? Please specify</p>			
<p>What is the main focus of your organisation? (if applicable)</p>			
<p>What are your areas of interest, or expertise?</p>			
<p>Is there anything else you would like to tell us about that may be relevant to the SIGN Patient and Public Involvement Project?</p>			
<p>Might you be interested in any of the following?:</p> <ul style="list-style-type: none"> • Joining a SIGN guideline development group Yes <input type="radio"/> No <input type="radio"/> • Attending a SIGN National Open Meeting Yes <input type="radio"/> No <input type="radio"/> • Peer Reviewing a SIGN guideline Yes <input type="radio"/> No <input type="radio"/> <p style="text-align: right;">For more information visit https://www.sign.ac.uk/sign-100-a-handbook-for-patient-and-carer-representatives.html</p>			
<p>Please read our privacy notice overleaf to find out how we use and store your information.</p>			
<p>Signature</p>			
<p>Date</p>			

* Required fields

Thank you for completing this form. Please return to his.signpublicandpatientinvolvement@nhs.scot

Privacy Notice

Information you provide:

SIGN is part of Healthcare Improvement Scotland (HIS). HIS is data controller for any personal information you give using this form. We are gathering this information to allow patients and others to help us make clinical guidelines and other HIS products. We will process your personal data under our public task in line with UK data protection legislation.

The information you provide will be stored securely by HIS, and will only be used for the reasons given on this form. We will only share your personal data with another organisation where this is permitted or required by law. Your details may be shared within HIS and will be for the stated purposes of helping us to produce guidelines and other HIS products. Once you no longer take part in our work, your personal data will be deleted.

Further information on how we handle personal information can be found in our privacy notice online:

www.healthcareimprovementscotland.org/footer/nav/respecting_your_privacy.aspx

This includes details of your information rights. These include a right to receive your personal data, and to complain to the UK's Information Commissioner. If you would like to discuss any concerns, you can speak to our data protection officer, email: his.informationgovernance@nhs.scot