Stroke Voices in Research

Sign Up Form

Thank you for your interest in joining Stroke Voices in Research.

Once you have completed and **returned this form**, we can start to **send** you **involvement opportunities** relevant to your choices and experiences.

Please return your completed application then either email or post it to:

**Email:** [research@stroke.org.uk](mailto:research@stroke.org.uk)

**Post:** FAO Dan Taylor (Research Involvement Lead), Stroke Association, 1 Sterling Business Park, Salthouse Road, Brackmills, Northampton, NN4 7EX

If you have any questions about the form please **get in touch** with Dan Taylor, Research Involvement Lead. Email: [research@stroke.org.uk](mailto:research@stroke.org.uk) Tel: 0161 742 7474

Here at the Stroke Association we take your privacy seriously and will use your personal information to contact you about Stroke Voices and opportunities to become involved in research

**I agree to the use of my personal information in this way. [ YES / NO ]**

In particular, we will use the information you provide about your health to ensure Stroke Voices in Research includes a variety of stroke experiences and to tailor the opportunities we send to you.

**I agree to the use of my health data in this way. [ YES / NO ]**

For more details on how we look after your personal information, read our privacy policy at stroke.org.uk/privacy. If you change your mind at any time, please contact me using the details above.

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Please note if completing the form electronically. Double-click the tick boxes and click ‘**checked’** within ‘default value’to select.

# About You

|  |  |  |  |
| --- | --- | --- | --- |
| **Contact Details** | | | |
| Surname | | | Forename(s) |
|  | | |  |
| Date of birth (dd/mm/yyyy) | |  | |
| Address | | | |
|  | | | |
| Telephone number |  | | |
| Email address |  | | |

|  |  |
| --- | --- |
| **How would you like us to send you information and updates?**  Please choose one option only. | |
| Email | Post |

|  |
| --- |
| **How did you hear about Stroke Voices in Research?** |
|  |

|  |  |  |
| --- | --- | --- |
| **Are you a...? Please check all that apply.**  This question asks about your experience of stroke.  We use this information to help us monitor that we are including a wide variety of stroke experiences and perspectives in our work and so we can try to tailor the information we send you. | | |
| Stroke Survivor | | Carer or former carer |
| Family member | | Spouse/partner |
| Prefer not to say | |  |
| Other (please specify): | | |
| What type(s) of stroke have you experienced? Please check all that apply. | | |
| Ischaemic stroke (caused by clot) | Haemorrhagic stroke (caused by bleed) | |
| Mini-stroke/Transient Ischaemic Attack | Childhood stroke | |
| Prefer not to say | Don’t know | |
| Other (please specify): | | |

|  |
| --- |
| **Will you need any extra support to take part in Stroke Voices in Research?** e.g.large print or aphasia friendly documents, receiving documents by post. |
|  |

We cannot guarantee that we will be able to meet every support need but we will do our best to help where we can.

# Opportunities

|  |  |
| --- | --- |
| **What effects of stroke do you have experience of or an interest in?**  Please check all that apply. | |
| This list is not exhaustive so please add anything not covered in the 'other' box.  We are asking for this to **help** us **send you information** about the involvement opportunities that are most **relevant or important to you**. | |
| Aphasia | Cognitive Impairment |
| Depression/anxiety | Fatigue |
| Incontinence | Movement problems |
| Altered sensation (e.g. pain, numbness) | Swallowing difficulties (dysphagia) |
| Vision problems | Prefer not to say |
| Other (please specify): | |

|  |
| --- |
| **Please tell us the kinds of activities you would like to be involved in. You can choose as many as you like.**  You answers will be used to shape the opportunities we send to you. You will be able to make decisions based on each individual case.  We will describe these in more detail at your introduction and your selection can be changed at any point. |
| **Reviewing funding applications to help us decide what research we fund**  This involves reading selected parts of funding applications to help decide the research we fund. You will be asked for your opinion on the relevance to people affected by stroke and the plans to involve people in research.  Some of these opportunities will include an option to act as a Stroke Voices representative on awards panels, which you will be supported to do. |
| **Helping researchers to design, develop and deliver their research**  This might involve a range of activities to inform and shape research as part of a group, described in more detail with each opportunity.  Activity might include consultations, workshops or meetings on a one-off or continuous basis to shape research in a wide range of different ways. |
| **Collaborating with the Stroke Association to develop new initiatives and activity**  This might involve a range of group activities to inform and shape our work at the Stroke Association to support involvement.  Examples include supporting development of our strategy and priorities; training for Stroke Voices and/or researchers; resources and guidance. |

|  |  |
| --- | --- |
| **If you indicated above that you would like to review funding applications, would you prefer to receive these via email or post?**  If you did not check this box you can leave this question blank. | |
| Email | Post |

|  |  |
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| **Some of the opportunities listed above may require you to attend in person, are you able to travel as part of your role?**  This **is not a requirement of this role**. If you do travel as part of your role we will reimburse reasonable travel expenses in line with our Volunteer Expenses Policy. | |
| Yes | No |

|  |  |
| --- | --- |
| **Would you be interested in speaking about your experiences of stroke or of being involved in research at events such as training days?** | |
| Yes | No |

|  |  |  |
| --- | --- | --- |
| **Once you have returned this form we will be in touch to arrange an informal introduction to explain more about the group.** Would you prefer to do this by: | | |
| Email | Phone | Video Call |

|  |
| --- |
| If you selected phone or video call please indicate any **days or times** that **work particularly well** for you **or** that **we should avoid.** |
|  |

Continue to the **next page** to answer the optional **protected characteristics** questions. These help us to ensure that we are **representing people from a range of backgrounds.**

# Protected Characteristics

To ensure we are **representing people from a range of backgrounds** in our involvement we need to collect **information** that may be considered **sensitive**.

Providing this information is **optional** and information will be held **securely**.

If you **do not wish** to provide and answer to a question please **select ‘Prefer not to say’.** If **choosing** to **self-describe** please use the **text box** to expand.

|  |  |
| --- | --- |
| **Please select which of these best describes your gender** | |
| Female (inc transgender woman) | Male (inc transgender men) |
| Non-binary | Prefer **not to say** |
| Prefer to **self-describe:** | |
| Other (please specify): | |

|  |  |
| --- | --- |
| **Please select the sexual orientation that best describes you** |  |
| Asexual | Bisexual |
| Gay man | Gay woman / Lesbian |
| Heterosexual / straight | Prefer **not to say** |
| Prefer to **self-describe:** | |
| Other (please specify): | |

|  |  |
| --- | --- |
| Please tick the box that describes your **ethnicity** or **self-describe:** | |
| **Asian** or **Asian British** | **Black British** / **African** / **Caribbean** |
| **Mixed** / **multiple** ethnic groups | **White British** |
| Any **other White** background | **Gypsy** or **Irish Traveller** |
| **Roma** | **White Irish** |
| Prefer **not to say** |  |
| Other (please specify): | |

Thank you for completing the form. Please **return your answers** by **email or post** using the details below:

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