

WEBSITE REGISTRATION – SELCCG (DRAFT)

Registration Details

All fields marked with an asterisk (*) are required.

Why Register?

Thank you for your interest in NHS South East London Clinical Commissioning Group Engagement Platform. By registering we can let you know of projects you can get involved in. The following form asks you to choose your areas of interest. Registration is optional, but it does help us keep you informed of projects relating to where you live and your areas of interest. If there are any questions you do not want to answer, you can choose not to answer or the "prefer not to say" option. The only questions we need you to answer are screen (user) name, email address and to setup a password. Please be assured that, in line with our Information Governance responsibilities, the information you provide when registering will be treated in confidence, kept securely and not shared with any individuals or organisations outside NHS South East London Clinical Commissioning Group. You can view our Privacy Policy here: [insert link](#)

Choose a screen name (e.g. firstname007 – this is what other users will see if you write a comment / join discussions / conversations on the site. We recommend that you choose a screen name that doesn't identify you personally and keeps your identity anonymous to other members)*

[Control]

Please provide an email address*

[Control]

Please confirm your email address *

[Control]

Please create a password (For your own use when logging into the site)*

[Control]

can't be blank

Password must be 8 to 16 characters with at least 1 lower case letter, 1 upper case letter and 1 number

Password confirmation* [Control]

We want to get to know you better

We would like to ask you more questions so that we can get to know you better. You do not have to respond to these questions, but it is helpful for us to understand your areas of interest and where you live or work so we can let you know of projects that you might be interested in.

Please let us know if you are registering as an individual or a member of an organisation

[Control] As an individual

[Control] As a member of an organisation, please tell us the name of your organisation.

What is your name? (Please provide your first name and family name)

[Control]

Which borough do you live in? [Control]

Please give us the first part of your postcode? [Control]

Which of the following topics are you interested in? (please tick all that apply)

- Carers
- Children and young people services
- Community services e.g. district nursing, foot health
- GP services
- Healthy lifestyles
- Hospital services
- Learning disabilities
- Long term conditions e.g. asthma, cancer, diabetes, heart disease, sickle cell,
- Maternity
- Mental health
- Physical and sensory disability
- Social care

About you

We want to matter ensure that we are hearing from the diverse communities across south east London please help us to understand this by filling in the questions below in line with the Equality Act 2010 across south east London.

Please tell us your gender

- Gender neutral/Agender
- Man
- Non-binary
- Trans man
- Trans woman
- Woman
- Other
- Prefer not to say

How would you describe your sexual orientation?

- Asexual
- Bisexual
- Gay/Lesbian
- Heterosexual
- Other
- Prefer not to say

Which of the following age range do you fall into?

- under 18
- 19 - 24
- 25 - 34
- 35 - 44
- 45 - 54
- 55 - 64
- 65 - 74
- 75 - 84
- Over 85
- Prefer not to say

Do you consider yourself to have a disability or a long term condition?

- Yes:
- No

Drop down option (please tick all that apply)

- Hearing impairment
- Learning disability
- Long term condition
- Mental health need
- Physical disability
- Visual impairment
- Other
- Prefer not to say

Which best describes your ethnicity?

- Asian or Asian British – Bangladeshi
- Asian or Asian British – Chinese
- Asian or Asian British – Indian
- Asian or Asian British – Pakistani
- Asian or Asian British – Vietnamese
- Asian or Asian British – Other
- Black or Black British – African
- Black or Black British – Caribbean
- Black or Black British – Other
- Mixed/Dual Heritage – White and Asian
- Mixed/Dual Heritage – White and Black African
- Mixed/Dual Heritage – White and Black Caribbean
- Mixed/Dual Heritage – Mixed Other
- Other Ethnic Group – Arab
- Other Ethnic Group – Kurdish
- Other Ethnic Group – Latin American
- Other Ethnic Group – Turkish
- Other Ethnic Group – Other
- White – British
- White – Irish
- White – European
- White – Other
- Gypsy, Roma or Irish Traveller
- Prefer not to say

If English is not your first language please state if you have any language requirements and what your preferred language is.

Are you a parent or guardian of a person under 5?

- Yes
- No
- Prefer not to say

Are you a parent or guardian of a person between 5 and 18?

- Yes
- No
- Prefer not to say

Are you a carer?

- Yes
- No
- Prefer not to say

Is there anything else you would like to tell us about yourself?

[Control]I agree to the [Terms of Use](#) and [Privacy Policy](#) for using Engagement HQ*

Register

Any questions about registration?

Please contact us at selccg.engagement@nhs.net if you have any questions and thank you for taking the time to register.

You can choose to de-register at any point by emailing selccg.engagement@nhs.net stating your wish to de-register.

Already have an account? [Sign in](#)