

SCOTTISH STROKE NURSES FORUM

Membership Request Form

Membership to the Scottish Stroke Nurses Forum (SSNF) is for registered nurses with an interest in stroke.

Membership is free. Joining is easy, simply complete this short form and return it to the SSNF Secretary (details at the end of the form).

Your details will then appear in the SSNF Members Directory and be held on a secure database.

As a member, periodically you will be sent communications and invitations to participate in related research studies.

Title (*circle*): Mr Mrs Miss Ms Dr Prof Rev Gender (*circle*): Male Female

First Name:

Surname:

Organisation/Address:

Postcode:

Telephone:

E-mail:

Health Board Area (*tick one*)

- | | | | |
|-------------------------|--------------------------|--------------------------------|--------------------------|
| Ayrshire & Arran | <input type="checkbox"/> | Lanarkshire | <input type="checkbox"/> |
| Borders | <input type="checkbox"/> | Lothian | <input type="checkbox"/> |
| Dumfries & Galloway | <input type="checkbox"/> | Orkney | <input type="checkbox"/> |
| Forth Valley | <input type="checkbox"/> | Shetland | <input type="checkbox"/> |
| Fife | <input type="checkbox"/> | Tayside | <input type="checkbox"/> |
| Grampian | <input type="checkbox"/> | Western Isles | <input type="checkbox"/> |
| Greater Glasgow & Clyde | <input type="checkbox"/> | Scotland wide | <input type="checkbox"/> |
| Highland | <input type="checkbox"/> | Other (<i>specify</i>) _____ | <input type="checkbox"/> |

Main Area of Work (*tick one*)

- Clinical Practice
- Management/Leadership
- Research
- Education
- Quality/Audit
- Other (*specify*) _____

Position (*tick one*)

- | | | | |
|---------------------------|--------------------------|--------------------------------|--------------------------|
| Charge Nurse/Ward Manager | <input type="checkbox"/> | District Nurse | <input type="checkbox"/> |
| Senior Staff Nurse | <input type="checkbox"/> | Health Visitor | <input type="checkbox"/> |
| Staff Nurse | <input type="checkbox"/> | Practice Nurse | <input type="checkbox"/> |
| Enrolled Nurse | <input type="checkbox"/> | Manager | <input type="checkbox"/> |
| Nurse Consultant | <input type="checkbox"/> | Lecturer | <input type="checkbox"/> |
| Stroke Coordinator | <input type="checkbox"/> | Researcher | <input type="checkbox"/> |
| Stroke Nurse Specialist | <input type="checkbox"/> | Other (<i>specify</i>) _____ | <input type="checkbox"/> |
| Stroke Liaison Nurse | <input type="checkbox"/> | | |

Current Base (*tick one*)

- | | | | |
|---|--------------------------|--------------------------------|--------------------------|
| Acute Stroke Unit | <input type="checkbox"/> | Community Team | <input type="checkbox"/> |
| Stroke Rehabilitation Unit | <input type="checkbox"/> | Day Hospital | <input type="checkbox"/> |
| Combined Unit (<i>acute/rehabilitation</i>) | <input type="checkbox"/> | Residential/Nursing Home | <input type="checkbox"/> |
| Mixed Ward (<i>with designated stroke beds</i>) | <input type="checkbox"/> | University | <input type="checkbox"/> |
| Medical Ward | <input type="checkbox"/> | Office Based | <input type="checkbox"/> |
| Care of the Elderly Ward | <input type="checkbox"/> | Home Based | <input type="checkbox"/> |
| Outpatients | <input type="checkbox"/> | Other (<i>specify</i>) _____ | <input type="checkbox"/> |
| General Practice | <input type="checkbox"/> | | |

Area(s) of Stroke Interest: where you are willing to share with others -

1. General Areas of Current Interest - your top 3

(*Tick up to 3 maximum*)

- | | | | |
|------------------------------|--------------------------|--|--------------------------|
| Speech and Language Problems | <input type="checkbox"/> | Continence Management | <input type="checkbox"/> |
| Oral Care | <input type="checkbox"/> | Visual Problems | <input type="checkbox"/> |
| Swallowing and/or Nutrition | <input type="checkbox"/> | Sexual Issues | <input type="checkbox"/> |
| Mobility Issues | <input type="checkbox"/> | Sleep Issues | <input type="checkbox"/> |
| Sensory Problems | <input type="checkbox"/> | Palliative Care | <input type="checkbox"/> |
| Activities of Daily Living | <input type="checkbox"/> | Complications of Stroke | <input type="checkbox"/> |
| Skin Care | <input type="checkbox"/> | Pain Management | <input type="checkbox"/> |
| Perceptual Problems | <input type="checkbox"/> | Social Aspects | <input type="checkbox"/> |
| Psychological Effects | <input type="checkbox"/> | Spiritual Aspects | <input type="checkbox"/> |
| Cognitive Problems | <input type="checkbox"/> | Secondary Prevention/
Lifestyle changes | <input type="checkbox"/> |

2. Areas of Stroke Interest: Clinical Practice - your top 3

(*Tick up to 3 maximum*)

- | | | | |
|---|--------------------------|--|--------------------------|
| Care of the Elderly | <input type="checkbox"/> | Self (patient) Medication with Stroke | <input type="checkbox"/> |
| Stroke in Younger Adults | <input type="checkbox"/> | Developing Stroke Specific -
Patient/Carer Resources | <input type="checkbox"/> |
| Thrombolysis | <input type="checkbox"/> | Patient and/or Carer -
Education/Information Sessions | <input type="checkbox"/> |
| Acute Monitoring of Stroke | <input type="checkbox"/> | Patient and/or Carer Support Group | <input type="checkbox"/> |
| Swallow Screening | <input type="checkbox"/> | Use of Volunteers | <input type="checkbox"/> |
| Assessment/Screening Tools (<i>stroke specific</i>) | <input type="checkbox"/> | Discharge Planning | <input type="checkbox"/> |
| Rehabilitation Techniques | <input type="checkbox"/> | Secondary Prevention | <input type="checkbox"/> |
| Multi-sensory Environment | <input type="checkbox"/> | Chronic Disease Management | <input type="checkbox"/> |
| Multidisciplinary Working | <input type="checkbox"/> | Developing Long-term Support | <input type="checkbox"/> |
| Goal Setting | <input type="checkbox"/> | Post-Stroke Exercise | <input type="checkbox"/> |
| Stroke Specific Core Care Plans | <input type="checkbox"/> | | |
| Stroke Specific Patient Held Record | <input type="checkbox"/> | | |
| Self (patient) Management of Stroke | <input type="checkbox"/> | | |

3. Areas of Stroke Interest: Management/Leadership - your top 3

(*Tick up to 3 maximum*)

- | | | | |
|--|--------------------------|---|--------------------------|
| Setting up a Stroke Unit | <input type="checkbox"/> | Patient/Clinical Care Pathways | <input type="checkbox"/> |
| Setting up/Running a Neurovascular/TIA Clinic | <input type="checkbox"/> | Community Mapping | <input type="checkbox"/> |
| Setting up/Running Nurse Led Stroke Clinics | <input type="checkbox"/> | Local Stroke Strategy Development | <input type="checkbox"/> |
| Redesigning Stroke Services | <input type="checkbox"/> | Local Stroke Protocol/
Guideline Development | <input type="checkbox"/> |
| Setting up a Stroke Register | <input type="checkbox"/> | Stroke Patient and Carer Involvement | <input type="checkbox"/> |
| Setting up/Running a Local Stroke Nurses Forum | <input type="checkbox"/> | Role Development | <input type="checkbox"/> |
| Setting up/Running a Early Supportive Discharge Team | <input type="checkbox"/> | Staff Rotation within Stroke Service | <input type="checkbox"/> |
| Setting up/Running a Community Rehab Team | <input type="checkbox"/> | Stroke Specific Advances in IM&T | <input type="checkbox"/> |
| Integrated Care Pathways | <input type="checkbox"/> | | |

Areas of Stroke Interest: Research/Education/Quality/Audit - your top 3

(Tick up to 3 maximum)

- Undertaking Stroke Specific Research
- Involvement with Stroke Specific Research Trials
- Setting up/Running a Degree/Masters Stroke Module
- Setting up/Running Staff Stroke Education Programmes
- Implementing the Core Competencies for Stroke
- Undertaking Stroke Specific Audit
- Undertaking Stroke Specific Evaluation
- Working towards/achievement of an award

Please indicate membership of any of the following:

Scottish Stroke Nurse Forum:

- Knowledge Exchange
- Committee
- Research Action Team
- Education Action Team
- Communication and Conference
- Planning Action Team

National Advisory Committee for Stroke

Local Managed Clinical Network (MCN) for Stroke:

- Executive/Core Group
- Steering Group

Local MCN Sub-Group - general area(s) involved with:

- Patient and Carer
- Training and Education
- Protocols and Guidelines
- Thrombolysis
- Service Development
- Quality/Audit
- IM & T
- Primary Care
- Community Aspects
- Research
- Prevention
- Other (*specify*)_____

I hereby request to become a member of the Scottish Stroke Nurses Forum and accept the conditions as detailed:

Sign_____ Date_____

Thank you completing this form

Please return it to:

Campbell Chalmers

Secretary, Scottish Stroke Nurses Forum
Coathill Hospital, Coatbridge ML5 4DN

Tel: 01236 707724 Email: campbell.chalmers@lanarkshire.scot.nhs.uk

The SSNF is kindly supported by Chest, Heart & Stroke Scotland