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| **Title***:* Mr Mrs Miss Ms Dr Prof  **First Name:**    **Surname:**  **Organisation/Address**  **Postcode:**  **E-mail:** | **PCFLogo.jpg** |

**Geographical Area** *(please indicate one with a X)*

Ayrshire & Arran □ Lothian □ Borders □ Grampian □ Fife □

Dumfries & Galloway □ Forth Valley □ Lanarkshire □ Highland □ Orkney □

Orkney □ Shetland □ Tayside □ Western isles □

Scotland wide □ Greater Glasgow & Clyde □ Third Sector □

**Main Area of Work** *(please indicate onewith a X)*

Clinical Practice □ Research □ Education □ Quality/Audit □

Management/Leadership □ other *(specify) ………………………………………………………………..*

**Position** *(please indicate one)*

Nurse: *(specify role) ………………………………………………………………..*

Doctor: *(specify role) ………………………………………………………………..*

AHP: *(specify role) ………………………………………………………………..*

Lecturer; *(specify role) ………………………………………………………………..*

Researcher: *(specify role) ………………………………………………………………..*

*Other*: *(specify role) ………………………………………………………………..*

***Current base***

Acute Hospital □ Community Hospital □ Community Team □

General Practice □ Hospice □ Palliative care team □

Rehabilitation □ Day Hospital □ Nursing Home □

University/College □ Other: *(please specify) ……………………………………………………*

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| **I hereby request to become a member of the Scottish Non Malignant Palliative Care Forum.**  **Returning this form using either your work or personal e-mail account will indicate that you wish to remain/become a member of the SNMPCF**  SIGNATURE: ………………………………………………………………….. DATE……………………………  **Please email this form to: Betty Graham, committee member SNMPCF,** [**betty.graham@nhs.net**](mailto:betty.graham@nhs.net) |