Request for Support: Patient Involvement Group

(please complete in Calibri 14)

## What is the name of your Patient Involvement Group

Click or tap here to enter text.

## What medical condition does it help?

Click or tap here to enter text.

## If this is not an eye condition what association does it have with ophthalmology?

Click or tap here to enter text.

## What are the aims/mission statement of the group?

Click or tap here to enter text.

## Who are the main organisers (and please outline their roles)?

Click or tap here to enter text.

## When was the group first set up?

Click or tap here to enter text.

## How often does the group meet and at what location?\*

Click or tap here to enter text.

## How long are the meetings?

Click or tap here to enter text.

## Who attends the meetings, e.g. patients/carers/doctors/nurses?

|  |  |  |
| --- | --- | --- |
| Patients |[ ]  Carers |[ ]  Doctors |[ ]
| Nurses |[ ]  Other: Click or tap here to enter text. |

## What is the structure of the meetings e.g. talks by patients/doctors/other health care professionals/outside speakers?

|  |  |  |
| --- | --- | --- |
| Talks by patients |[ ]  Talks by doctors |[ ]  Talks by outside speakers |[ ]
| Workshops |[ ]  Discussion groups |[ ]  Quizzes |[ ]
| Other: Click or tap here to enter text. |

## Is there a charge to attend?

Click or tap here to enter text.

## Is there already sponsorship of meetings e.g. pharmaceutical support?

Click or tap here to enter text.

## Does the group independently fund raise?

Click or tap here to enter text.

## Is the group a registered Charity?

Click or tap here to enter text.

## What are the spending plans if support is granted?

Click or tap here to enter text.

*\*The Foundation only considers support from groups in the West Midlands*