**Healthwatch Redbridge Community Network Application Form**

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| Name of organisation/group |
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| Type of organisation/group e.g. mental health support, carers, older people, specific health focus | |
|  | |
| Type of activities run by organisation/group e.g. social, support, education/information, campaigning, skills | |
|  | |
| Brief description of activities | |
|  | |
| Address where organisation/group meet (if applicable)  When do you meet? (if applicable) | |
|  | |

How many people use or belong to your organisation

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Does your organisation/group focus on any specific health or care issue? If so, which e.g. general health care, social care, mental health, physical disabilities, long-term condition (please specify), learning disabilities, communication impairments

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| Would you like to receive our e-newsletter? |
| Yes  No  I already receive it |

## Please provide the public contact details of your organisation. **This contact information will be displayed on the Healthwatch Redbridge Community Network member’s page on our website.**

## Name of Contact:

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|  |
| Telephone number: |
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| Email: |
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| Website/Facebook/Twitter/Instagram details: |
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Please provide below the details of the person who will be the point of contact for Healthwatch Redbridge. This contact information will remain confidential.

Name of contact

Role within organisation/group

Telephone number/email of contact

**Please email completed application forms to:** [info@healthwatchredbridge.co.uk](mailto:info@healthwatchredbridge.co.uk)

**Healthwatch Redbridge**

**1st Floor, 103 Cranbrook Road**

**Ilford, IG1 4PU**

Tel: 020 8553 1236   
[www.healthwatchredbridge.co.uk](http://www.healthwatchredbridge.co.uk)