

**Co-production Advisory Group Register**

By completing this form, you are consenting to your contact details being stored electronically and held until the end of the year which contains your 21st birthday. For those parents / carers representing the needs of a child / young person with a special educational need or disability, details will be held until the end of year of their 21st birthday.

* Your details will be stored confidentially and only accessed by the administrator of the Advisory Group within TMBC
* You will only be contacted when a service you have expressed an interest in is due to be commissioned – at this point the administrator of the Advisory Group Team will contact you and seek your permission to share your contact details with the team wanting to commission a new service.
* When you have completed the coproduction commission, your details will only be retained by the administrator of the Advisory Group and not retained by other teams.

To become a member of the Advisory Group, forward a scan or picture of the completed form by email to: nick.ellwood@tameside.gov.uk

If you no longer wish to be on the Advisory Group Register contact: nick.ellwood@tameside.gov.uk and your details will be deleted permanently.

**Your details**

First name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Surname : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What name would you like us to call you? : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Your postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you are a parent / carer of a child / young person with a special educational need or disability representing their needs, please give their details:

Child’s full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child’s date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special educational need / disability: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How do we contact you?**

Mobile number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Let us know how you’d prefer to be contacted (tick the boxes) 

Yes please No thanks

Phone call

Text message

Email

**Minority Group Representation**

It is important that the Advisory Group is representative of the whole community so services commissioned meet everyone’s needs. With this in mind please let us know if you consider yourself to represent a minority group/s – this might include such things as your gender, ethnicity, sexuality, disability, family circumstance or religion. These details won’t be used to prioritise those contacted, but will help us to identify if we need to seek further advisors so all minority groups can have a voice.

Please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Areas of interest**

We’d like your input into services that you’re interested in – we don’t want to ask people to be involved in services that don’t interest them or be asking you so much you no longer want to participate. Therefore, choose up to 10 subjects from any of the boxes, numbering them in order of interest – number 1 (most interested) to number 10. You don’t have to choose 10 if you don’t want to.

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| --- | --- | --- |
| **Safeguarding & Care** | **Health & Wellbeing** | **Education & Training** |
| Looked after Children | Mental health | Education – primary |
| Transition support | Food & nutrition | Education – secondary |
| Fostering | Physical health | Education – 16+ |
| Adoption | Physical activity | Virtual schools |
| Care leaver | Overall wellbeing | Pupil Referral Unit |
| Young parents | Maternity & antenatal | Library Service |
| Young carers | Addictive behaviours (eg. smoking, alcohol, drugs, gambling etc) | Music Service |
| Family support | Learning support |
| Safeguarding | Early years 0 – 5’s |
| Youth Justice | Youth service |
|  |  | NEET – not in employment, education or trainingSpecial Schools School Exclusions |
| **Strategy & Governance** | **Minority Group Support**  | **Wider Services** |
| Governance / decision making | LGBT | Online services |
|  | Multicultural support | Community safety |
|  | SEND - Special educational needs & / or disability | Environmental issues |
|  | Transport |
|  | Autism | HousingCultural services |
|  |  |  |

Your signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_