



Kidney Patient INVOLVEMENT NETWORK

Opportunity for Involvement Form

Thank you for choosing KPIN to help you find participants for your PPI/E project or activity. Please complete the following details to give us the necessary information about your involvement opportunity.

Please note that these details will be sent via email to those KPIN patient members who have specifically indicated that they would like to hear about opportunities of this type. To ensure you receive a good response rate, please try to use plain English as much as possible.

To see an example of the format in which opportunities are sent to patient members, please visit: <https://mailchi.mp/e27fb4dce3be/involvement-opportunity-webinar-participation-long-covid-in-kidney-care>

NAME:

ROLE (please select all that apply):

- | | | | |
|---|--|---------------------------------------|---|
| <input type="checkbox"/> Academic | <input type="checkbox"/> Counsellor | <input type="checkbox"/> Dietician | <input type="checkbox"/> Medical Doctor |
| <input type="checkbox"/> Nurse | <input type="checkbox"/> Physiotherapist | <input type="checkbox"/> Psychologist | <input type="checkbox"/> Researcher |
| <input type="checkbox"/> Other (please specify) | | | |

ORGANISATION:

EMAIL:

TWITTER HANDLE (optional):

What category does your opportunity fall into? (please select all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Joining a committee/local kidney patient association | <input type="checkbox"/> Product design feedback |
| <input type="checkbox"/> Quality improvement | <input type="checkbox"/> Research |
| <input type="checkbox"/> Service delivery/policy review | <input type="checkbox"/> Volunteering for a renal unit |
| <input type="checkbox"/> Other (please specify) | |

What type of patient/carer experience do you want to target? (please select all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Not yet on treatment | <input type="checkbox"/> Advanced kidney disease |
| <input type="checkbox"/> Unit haemodialysis | <input type="checkbox"/> Home haemodialysis |
| <input type="checkbox"/> Peritoneal dialysis | <input type="checkbox"/> Transplant |
| <input type="checkbox"/> Carer | |

Is there any further specific demographic information to be considered (gender, age range, region)?

Please provide details of the involvement opportunity.

Name/title? What does it involve? Where will it take place? Is training available?

How much time, and for how long would a patient/carer be expected to commit?

Will time/travel costs be reimbursed? Is remuneration offered?

Is there a deadline or closing date?

2 weeks 4 weeks 8 weeks 12 weeks No deadline set

Is there any further relevant information hosted elsewhere online (website, Youtube, Twitter profile)?

Please return your completed form via email to info@kpin.org.uk.

We will confirm whether your opportunity has been accepted by our network within five working days.

Thank you.