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**Opportunity for involvement form**

I would like to register an opportunity for patients/carers to get involved.

**1. Name**

………………………………………………………………………………………………………………………………………………………………………..

**2. Role**

Academic  Counsellor  Dietician  Medical Doctor 

Nurse  Physiotherapist  Psychologist  Researcher 

Other  please specify………………………………………….….

**3. Organisation**

………………………………………………………………………………………………………………………………………………………………………..

**4. Email**

………………………………………………………………………………………………………………………………………………………………………..

**5. What is your opportunity related to? (Select all that apply)**

Joining a committee/local kidney patient association **** Product design feedback ****

Quality improvement **** Research projects ****

Service delivery/policy review **** Volunteering for a renal unit ****

Other **** (please specify)…………………………………………………………………………………. …………………………..……………..

**6. What type of patient experience do you want to target? (Select all that apply)**

Not yet on treatment **** Advanced kidney disease **** Unit haemodialysis ****

Home haemodialysis **** Peritoneal dialysis **** Transplant ****

As a carer ****

**7. Please provide details of the involvement opportunity. For example - what it involves, where it will take place, is there training available etc.**

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

**9. Will time/travel costs be reimbursed?**

Yes **** No ****

**If yes, please specify reimbursement details:**

**10. When do you need a response?**

2 weeks **** 4 weeks **** 12 weeks **** No deadline set ****

**11. Is there a website for further information?**

**Please return your completed form to** [**info@KPIN.org.uk**](mailto:info@KPIN.org.uk)

**We will let you know within 5 working days if your involvement opportunity has been accepted for the network**