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**Calling all service users, families and carers who have**

**experience of adult eating disorders services**

We need your involvement, views and experiences as we develop and refine our eating disorder services in the East Midlands to ensure we put you at the centre of everything we do.

**What’s involved?**

We will have a variety of projects that we would like your input on ranging from designing service questionnaires to being involved in discussions about improving our service provision.

If you are interested in some or all of these projects, we will get in touch for each project we are doing and it will be up to you to decide if you would like to be involved at that time. How much you would like to be involved is up to you.

**How do I get involved?**

If you would like to be involved, please complete the form below and return as instructed on the website. Please also email if you have any questions or would just like a chat about getting involved: [ResearchED@leicspart.nhs.uk](mailto:ResearchED@leicspart.nhs.uk)

**How I would like to be contacted:**

Please indicate below how you would like to be contacted and let us have the correct contact details for you.

|  |  |  |
| --- | --- | --- |
| **Your name:** | | |
| **How we may contact you:** | **Yes/No** | **Your contact details:** |
| Email |  |  |
| Telephone |  |  |
| Post |  |  |
| None – I do not want to be involved |  |  |
| Resident of: Derbyshire Leicestershire Lincolnshire Northamptonshire Nottinghamshire | | |

**Ways I would like to be involved:**

Please indicate below the ways you would like to be involved so we contact you appropriately.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes/No** |  | **Yes/No** |
| Questionnaires/surveys |  | Focus groups\* |  |
| Service improvements |  | Service development meetings\* |  |
| Interviews about my experience\* |  | Research projects\* |  |
| Contact me about anything – I’ll just decide at the time | | |  |
| Other (please specify)… | | | |

*\*please note no ‘in-person’ meetings will take place during COVID-19 restrictions, contact will either be by phone or ‘virtual’ meetings via video call.*

**Areas I would like to be involved in:**

|  |  |
| --- | --- |
| **I would like to be involved in:** | **Yes/No** |
| Community/outpatient services |  |
| Inpatient Services |  |
| Day care services |  |
| **I would like to be involved as:** | **Yes/No** |
| A service user/patient |  |
| A family member/carer |  |

**Many thanks for your consideration**