

Research and Development

Learning Disabilities

Staff and Carers registration form

I live in Berkshire - please be aware, you must live in Berkshire to be a part of our research.

Yes

I identify as a carer or family member of someone with a learning disability

Yes

No

I identify as a professional interested in learning disabilities

Yes

No

I am interested in being part of a group to discuss what research might work well for people with learning disabilities

Yes

No

About you

First name	
Last name	
Date of birth	
Street Address	
Town	

Post code	
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Contact details

Contact number	
Email address	

Preferred method of contact				
<input type="checkbox"/> Text	<input type="checkbox"/> Call	<input type="checkbox"/> Email	<input type="checkbox"/> Post	

Declaration

I am happy for my contact details to be stored securely for 3 years by Berkshire Healthcare Research and Development team, for the purpose of contacting me about this research involvement:

Yes

Any comments you would like to add:
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Thank you for your support

When you're ready, send this document to us an email. We'll contact you as soon as we can.

Email research@berkshire.nhs.uk