**EHealth Cluster Membership Form**

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| **Contact Details**  |
| **Contact Name:**  |  | **Position:**  |  |
| **Email:**  |  | **Phone:**  |  |
| **Company Name:**  |  |
| **Website:** |  |
| **Type of Organisation:** *(e.g. public body, sole trader, limited company, charity)* |  |

**Which ONE of these best describes your organisation:**

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| **Tech SMEs and individuals:** |
| Individual (in LCR\*) |  |
| SME (in LCR) |  |
| Other (in LCR) |  |
| Out of Area Tech SME: |  |
| **Public bodies & professionals:** |
| Local Authority |  |
| LEP |  |
| Other public body |  |
| CCG |  |
| GPs |  |
| Clinicians |  |
| Other NHS |  |
| **Academic and Research:** |  |
| University |  |
| AHSN |  |
| LHP |  |
| Other Academic/Research |  |
| **Health and Social Care Providers** (Non-NHS)**:** |
| Care Homes |  |
| Domiciliary Care Providers |  |
| Drug and Alcohol support |  |
| Personal Support |  |
| Mental Health support |  |
| Wellbeing support  |  |
| Primary Care |  |
| Acute Care |  |
| Other Health & Social Care |  |
| **Supply Chain Partners :** |
| Large eHealth Suppliers |  |
| Manufacturers |  |
| Component suppliers |  |
| Test Houses |  |
| Distribution Partners |  |
| Other Supply Chain Partners |  |
| **Support Functions:** |  |
| Marketing/Publicity |  |
| Assistive Technology Advisors  |  |
| Legal and Financial |  |
| Networking |  |
| Business Support |  |
| Training/education |  |
| other |  |
| **End user group (please describe):** |
|  |  |
| **Other (please describe):** |
|  |  |

\* LCR = Liverpool City region

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| **Please provide a brief summary paragraph about your organisation and what you do, to go on the cluster website:** *This will go on the membership section of the cluster website. You can send us updates to this at anytime to include new products / services and this will also be promoted.* |

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|  **What would you like from the cluster?** |
| **What you could offer to other cluster members?** |
| **Would you be interested in contributing to the running and development of the cluster? If so, in what way?** |

**Privacy and Consent**

Your privacy is important to us, and we process your personal data and communicate with members in a way which is in line with UK law on data protection. We will process your data for administrative purposes, to manage your membership, and to carry out services.

By signing this form you are confirming that you are consenting to the eHealth Cluster holding and processing your personal data for the above purposes, **and** *(please tick the boxes where you grant consent)*:

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| --- | --- |
|  | To keep you informed about news, events and activities, and subscribe you to our newsletter  |
|  |  |
|  | To contact you with very occasional surveys about membership and services |
|  |  |
|  | To pass on your contact details to commissioners/funders/members who may be looking for organisations with your expertise to work with |
|  |

I consent to the eHealth Cluster contacting me by:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Email |  | Phone |  | Post |  |

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_**

You can change your mind at any time by clicking the unsubscribe link in the footer of newsletters you receive from us, or by contacting us at info@ehealthcluster.co.uk . We will treat your information with respect, and will not share it with third parties without your permission. For more information about our privacy practices and your rights, please visit our website: <http://www.ehealthcluster.org.uk/our-privacy-policy/>

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| **For Office Use Only** |
| Date received: |  | Date put on database: |  | Put on database by: |  |