BAHT Advancing Practice Network Registration and Contact Form

Completion of this form enables the BAHT Education Subcommittee to ensure that you are informed of future opportunities and developments occurring within the Network.

We greatly value the input provided by all members of the Network - this form is predominantly a formality, but does ensure your preferences are accurately recorded for future communication.

Having an improved understanding of the knowledge base and experience of network members will also help to facilitate more effective networking in future.

Please return completed forms to baht.apnetwork@gmail.com. Thank you.

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| --- |
| **Name** |
| **Email** |
| **Telephone number** |
| **BAHT membership number** |
| **Relevant knowledge and skills** (max 150 words) |
| **Relevant clinical experience** (max 150 words) |
| **Please highlight or underline the relevant topics below:** |
| **Area of interest: Development of ACP Standards** **Development of Clinical Standards** **Peer Support and skill sharing/development** **All of the above** |

**Contact Preferences**

Please check the boxes for each of the following statements that applies to you:

1. I would like to be included in the BAHT ACP network mailing list and receive any/all emails from the baht.apnetwork@gmail.com email address to my email address as listed above [ ]

NB emails from this address will not show recipients email addresses

1. I would like to be included in an ACP network WhatsApp group, using the phone number provided above, which will involve sharing my contact phone number (as provided above) with all other ACP network members within that group [ ]

**Consent**

Please check the box at the end of this statement to confirm your acknowledgement and agreement:

By completing this form and providing contact details

* I am giving my consent to my details being stored, used and shared for the purposes as detailed above within the preferences I have stated.
* I understand that I can withdraw my agreement at any time, by emailing baht.apnetwork@gmail.com for removal from the email mailing lists or by leaving the WhatsApp group independently.
* I further understand that where I have given my consent for my email address and/or phone number to be shared with other members of the group, that neither the ANP network coordinators nor BAHT can control individual contact being made with me by other network members, even after I have withdrawn my consent or left the WhatsApp group [ ]