

**I am interested in becoming involved in the work of  
Hertsmere Commissioning as (please tick):**

A member of the patient and public involvement group

A member of the people bank (see below)

A public member

Please note you may tick more than one category

Members of the people bank should have experience of using  
the service for a long term condition. Please write below the  
long term condition that you have experience of:

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Contact details (please print clearly):

Name .....

Address .....

.....

.....

Email: .....

Telephone: .....

Please hand this form into reception. Thank you.