

# Neurological Alliance Survey Steering Group & Action Groups Application

Thank you for your interest in supporting My Neuro Survey. The voices of the neurological community are important to us. Please complete this form if you would like to be considered to be part of the Steering Group and/or the action groups for My Neuro Survey.

My Neuro Survey is the largest patient experience survey of people living with neurological conditions. Here is a link if you want to find out more about the Survey: <https://www.neural.org.uk/key-areas-of-work/the-national-neurology-patient-experience-survey/>

There are a couple of different ways to get involved:

- Steering Group - provides oversight of the survey
- Action groups - support specific tasks related to the survey. These are yet to be confirmed by the Survey Steering Group, but the general provisional areas are outlined below.

Here is a link with more information about this opportunity: <https://www.neural.org.uk/will-you-join-the-neurological-alliance-survey-steering-group-action-groups/>

Please read our privacy notice for further information on how your data is used: <https://www.neural.org.uk/privacy/>.

The information you submit in this form will be held on a secure system that is limited to people at the Neurological Alliance and members of the Co-Production Group, who will be involved in the selection process.

If you would like us to delete your data, please contact us at [info@neural.org.uk](mailto:info@neural.org.uk) and state that you would like us to remove your data from our system.

If you have any questions, are unable to complete the form for any reason, or require additional support completing this form please contact us at [survey@neural.org.uk](mailto:survey@neural.org.uk).

You can also apply by sending an audio or video file (no longer than 10 minutes) answering the questions below by email to [survey@neural.org.uk](mailto:survey@neural.org.uk). Click this link to access a PDF version of this

## Personal details

1. What is your full name? \*

2. What is your email address? \*

3. Which of these opportunities would you like to be involved in?

You can tick more than one box. \*

Survey Steering Group

Action Groups

4. If you would like to be involved in the action group(s) to support with the survey project, please select the area(s) you are interested in \*

- Questionnaire development and testing
- Clinical methodology
- Communications and campaigning
- Equity, diversity and inclusion
- Report development and policy influencing
- Not applicable - I **only** want to be considered for the Steering Group

5. Please tick all the option(s) which apply to you \*

- I am an adult that has a neurological condition (18 years old and over)
- I am a young person that has a neurological condition (under the age of 18)
- I am a carer of someone that has a neurological condition
- I am a Neurological Alliance Trustee
- I am a representative from a Neurological Alliance member organisation
- I am a health professional
- I am a voluntary sector representative
- Other

6. Please tick the group(s) you would like to represent \*

- Neurological Alliance member organisations
- Neurological Alliance Board of Trustees
- National Neurological Alliances
- People affected by neurological conditions e.g. adults, children and young people, carers
- Voluntary and community sector / organisations
- Health professionals
- I am not sure
- Other

7. If you think it is relevant and you are comfortable sharing, please tell us about the type(s) of neurological condition you:

- have
- the person(s) you care for has
- work with in your profession and/or other roles

(max 200 words)

8. Please tell us why you would like to join the My Neuro Survey Steering Group and/or action group (s) (max 250 words) \*

9. Please tell us about the skills and experiences you have which you feel are relevant to the Survey Steering Group and/or action group(s) (max 250 words)

Refer to the skills and qualities mentioned in the opportunity advert that you feel are most relevant to you. \*

## Equal opportunity monitoring

We would like to ask for more details about you to support us in promoting diversity. All the questions below are optional. Please only share the information that you think is relevant to your application and that you feel comfortable sharing.

10. Which region do you live in? \*

- England
- Wales
- Scotland
- Republic of Ireland
- Northern Ireland



11. Please select your ethnic group. You can select all the options that best describe your ethnic background. There is also the option to self-describe your ethnicity. \*

- Asian / Asian British - Bangladeshi
- Asian / Asian British - Chinese
- Asian / Asian British - Indian
- Asian / Asian British - Pakistani
- Any other Asian background
- Black / Black British - African
- Black / Black British - Caribbean
- Any other Black background
- White - English / Welsh / Scottish / Northern Irish / British
- White - Gypsy or Irish Traveller
- White - Irish
- White - Roma
- Any other White background
- Mixed ethnic groups - White and Black Caribbean
- Mixed ethnic groups - White and Black African
- Mixed ethnic groups - White and Asian
- Any other Mixed or multiple ethnic background
- Arab
- Hispanic



Latina/Latino/Latinx

Prefer not to say

Other

12. If you are currently volunteering and /or are employed, please share your job roles and the organisations you work for.

13. Do you experience barriers or limitations in your day-to-day activities related to any health conditions (including mental health, physical, sensory, or cognitive differences)?

Yes - substantial barriers or limitations

Yes - moderate barriers or limitations

Yes - some barriers or limitations

No

Prefer not to say

14. If yes, please describe the type of barriers you face.

Here are some examples below:

- Attitudinal barriers, such as discriminatory attitudes and negative or incorrect assumptions
- Physical barriers, such as lack of step-free access to buildings and physical expectations of participating
- Travel or transportation barriers, such as a lack of accessible transport or accommodation
- Communications barriers, such as a lack of information in different accessible formats, and the absence of British Sign Language interpretation
- Organisational barriers, such as the length of meetings and when they are scheduled.

15. Please state any adjustments you require us to make to support your full participation.

16. Please select your age group.

- Under 18
- 18 - 24
- 25 - 34
- 35 - 44
- 45 - 54
- 55 - 64
- 65 - 74
- 75+
- Prefer not to say

## Additional consent for young people under the age of 18

If you are under the age of 18, this section needs to be completed with your parent or guardian.

17. What is your parent or guardian's name?

18. What is your parent or guardian's email address?

19. Please tick the statement(s) which apply

- I consent to my child/ward being contacted about joining the My Neuro Steering Group and/or action group
- I agree to my child/ward taking part in the Survey Steering Group and/or action group
- I consent to my child/ward being contacted about future patient and public involvement opportunities within the Neurological Alliance

## GDPR

Depending on the consent you provide below, the information you provide will only be used to contact you about patient and public involvement opportunities at the Neurological Alliance.

### 20. Please tick the statement(s) which apply

- I consent to be contacted about joining the My Neuro Survey Steering Group and/or action group
- I confirm all the information I have provided in this form is accurate
- I consent to be contacted about future patient and public involvement opportunities within the Neurological Alliance

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