

Community Empowerment Act

Participation Request to NHS Highland

1. Details of your Community Participation Body (CPB)

1.1	Name of CPB	
1.2	Contact name	
1.3	Contact address	
1.4	Contact telephone	
1.5	Contact email	
1.6	Website (if available)	
1.7	What type of CPB are you?	<p>The CPB must provide the necessary information to show that it is a valid body which can make a participation request as set out by the Community Empowerment Act. Are you:</p> <ul style="list-style-type: none">○ a community-controlled body○ a community council○ a body designated by Scottish Ministers as a community participation body○ a group without a written constitution.

If you have a written constitution, or other governance document, please enclose or attach a copy.

2. Do you wish any other public service authority to participate in the outcome improvement process? If so, please insert its name below so that NHS Highland can invite it to participate:

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3. What is the outcome you want to improve?

4. Please give the reason(s) why you want to participate in an outcome improvement process:

5. What knowledge, expertise and experience does your CPB have in relation to the outcome set out at Q3 above?

6. How will your involvement improve the outcome?

7. Any other information

On completion, please return this form, and any supporting documents, to:

Board Secretary, NHS Highland, Assynt House, Beechwood Park,
Inverness IV2 4BW
Email: high-uhb.communityengagement@nhs.net