



Registration and getting paid

LD 02



What is your name?

What is your address?

What are you taking part in?

Which staff are taking part?

Main contact for Involvement Activity

Name:

Telephone Number:



This form will be kept in a file

The words will be put on a computer



Service User Name:

Date of Activity:

| Date | What I did at the meeting: | How long I was there for | How much £ I am entitled to one hour = £8.50 half hour = £4.25 | How much £ I can keep |
|------|----------------------------|--------------------------|--|-----------------------|
| | | | | |
| | | | | |
| | | | | |

Total £



Getting travel expenses

| Date | The meeting was at | How much my ticket cost £ |
|------|--------------------|---------------------------|
| | | |
| | | |
| | | |

Total £

I came by train

| Date | The meeting was at | How much my ticket cost £ |
|------|--------------------|---------------------------|
| | | |
| | | |
| | | |

Total £

I came by car

| Date | The meeting was at | How many miles I travelled |
|------|--------------------|----------------------------|
| | | |
| | | |
| | | |

Total £
(Number of miles x 40p a mile)

Service User Name:

Date of Activity:

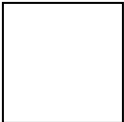
My Bank Information

My bank is:

My bank account number:

My bank sort code:

Signed:



Service user and carer has been advised about checking on their benefits.

Staff name:

Job Title:

Donating the money

The money I want to donate: £ _____

Please send the money to:

Signed:

Local Authorised Signatory for Involvement Activity

Name:

Role:

Signature:

Return this form to:

Involvement Team, Cheshire & Wirral Partnership NHS Trust, Redesmere, Countess of Chester Health Park, Liverpool Road, Chester CH2 1BQ