**Participation Request Form**

**under the Community Empowerment Act 2015**

To make a Participation Request to NHS Fife, please complete this form and return, with a copy of your written constitution or governance documentation, to one of the contact addresses below.

1. **Contact details for the Community Participation Body**

(Lead Contact Name, address, email address, telephone number, website etc.)

1. **Details of the Lead Public Authority to whom the request is being made**
2. **Details of any other Public Authorities who you wish should participate in the outcome improvement process**

(e.g. request can be made to one or more designated public service authorities specified in the Act, i.e. also Fife Council, Scottish Enterprise etc.)

1. **Describe the outcome your organisation / group want to improve**

(e.g. improving the health of a community or the delivery of a service)

1. **Please give reasons why your organisation / group should participate in an outcome improvement process**

(e.g. have you gathered evidence or views that would impact on and influence the current anticipated outcome?)

1. **Describe the knowledge, expertise and / or other experience your organisation / group has in relation to the outcome**

(e.g. please provide full details of any knowledge, expertise and experience your organisation / group has in relation to the outcome specified in section 4)

1. **Describe how the outcome will be improved because of the involvement of your organisation / group**

(e.g. please provide an explanation of how you anticipate your participation will improve the proposed outcome)

1. **Is your organisation / group a community participation body, as defined in** [**Section 20 of the Act**](https://www.gov.scot/policies/community-empowerment/participation-requests/)**? (if so, please specify what type of body you are)**

(e.g. a community controlled body; a community council; a body designated by Scottish Ministers; a community body without a written constitution – only certain groups are eligible to make a participation request under the relevant legislation)

1. **Please provide any additional information in support of your request**

**Please return this completed form, along with a copy of your written constitution or governance documentation, to one of the addresses below:**

**Where to contact us**

**In writing to:**

NHS Fife

Patient Experience Department

1st Floor, Hayfield House

Hayfield Road

Kirkcaldy

Fife

KY2 5AH

**By email at:** [Fife.participationandengagements@nhs.scot](mailto:Fife.participationandengagements@nhs.scot)

**Need Communication Support?**

**NHS Fife provides accessible communication in a variety of formats including for speakers of community languages or for those who require easy read versions.**

**Formats are also provided for those who speak British Sign Language (BSL) or read Braille.**

**A text messaging service is available for those who are Deaf or who have hearing loss.**

**To find out more about accessible formats and the text messaging service contact us by email**

[**fife.equalityandhumanrights@nhs.scot**](mailto:fife.equalityandhumanrights@nhs.scot)

**Or phone us on 01592 729130**