**Standardised Public Contributor Data Collection Form**

**(This form has been created following NIHR guidelines and input from a range of public contributors – it works well when created into a Microsoft Form)**

Thank you for your interest in ***(insert PPIE Group name)***. Please complete the form below to express your interest in becoming involved in our research as a public contributor. You do not need to have previous experience of being involved in research.

We invite you to answer some questions about yourself. Each question has been carefully selected to ensure we are being inclusive in our public involvement work, to ensure we involve a wide range of people with different life experiences in our research, and also to ensure we are engaging with relevant members of the public who are at risk of being affected by the conditions and diseases that we are researching.

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| Title (optional question) |  |
| 1. Prefer to self-describe (free text box) or select from below |  |
| 1. Miss |  |
| 1. Mrs |  |
| 1. Mr |  |
| 1. Ms |  |
| 1. Mx |  |
| 1. Dr |  |
| Pronouns (optional question) |  |
| 1. Prefer to self-describe (or select from below) |  |
| 1. He/him |  |
| 1. She/her |  |
| 1. They/them |  |
| First Name (compulsory question) |  |
| Last Name (compulsory question) |  |
| Email address (compulsory question) |  |
| Address including post code (optional question) |  |
| Telephone number (optional question) |  |
| Age (compulsory question) |  |
| 0-9 |  |
| 10-19 |  |
| 20-29 |  |
| 30-39 |  |
| 40-49 |  |
| 50-59 |  |
| 60-69 |  |
| 70-79 |  |
| 80-89 |  |
| 90+ |  |
| Prefer not to say |  |
| Do you consider yourself to be a disabled person (this could be a physical or hidden disability)? (compulsory question) |  |
| Yes |  |
| No |  |
| Prefer not to say |  |
| If you have answered yes to the above question and are comfortable to disclose your disability and what support you may require, this will help us to accommodate your needs during any in-person meetings or events.  Free text box |  |
| What is your ethnic group? (compulsory question) |  |
| Prefer to self-describe (free text box) or choose one option that best describes your ethnic group or background from the list below |  |
| Arab |  |
| Asian/Asian British - Bangladeshi |  |
| Asian/Asian British - Chinese |  |
| Asian/Asian British - Indian |  |
| Asian/Asian British - Pakistani |  |
| Asian/Asian British – Any other Asian background |  |
| Black/black British/Caribbean or African - African |  |
| Black/black British/Caribbean or African - Caribbean |  |
| Black/black British/Caribbean or African – Any other black, African or Caribbean background |  |
| Mixed or multiple ethnic groups - White and Black Caribbean |  |
| Mixed or multiple ethnic groups - White and Asian |  |
| Mixed or multiple ethnic groups - White and black African |  |
| Mixed or multiple ethnic groups – Any other mixed or multiple ethnic background |  |
| White – English, Welsh, Scottish, Northern Irish or British |  |
| White – Irish |  |
| White – Gypsy or Irish Traveller |  |
| White – Roma |  |
| White – Any other white background |  |
| Prefer not to say |  |
| What is your religion? (compulsory question) |  |
| Prefer to self-describe (free text box) or select from the list below |  |
| No religion |  |
| Buddhist |  |
| Christian (including Church of England, Catholic, Protestant, and all other Christian denominations) |  |
| Hindu |  |
| Jewish |  |
| Muslim |  |
| Sikh |  |
| Prefer not to say |  |
| What is your sex? A question about gender identity will follow (compulsory question) |  |
| Female |  |
| Male |  |
| Prefer not to say |  |
| Which of the following best describes your gender? (compulsory question) |  |
| Prefer to self-describe (free text box) or select from the list below |  |
| Man |  |
| Non-binary |  |
| Woman |  |
| Prefer not to say |  |
| Do you identify as trans? (compulsory question) |  |
| Yes |  |
| No |  |
| Prefer not to say |  |
| Which of the following best describes your sexual orientation? (compulsory question) |  |
| Prefer to self-describe (free text box) or select from the list below |  |
| Asexual |  |
| Bi/bisexual |  |
| Gay or lesbian |  |
| Queer |  |
| Straight/heterosexual |  |
| Pansexual |  |
| Prefer not to say |  |
| Do you have any caring responsibilities? (compulsory question) |  |
| Yes |  |
| No |  |
| Prefer not to say |  |

**GDPR Privacy Statement (SAMPLE TEXT ONLY – PLEASE TAILOR TO YOUR OWN ORGANISATION)**

Only a few authorised staff members will have direct access to your personal data and only when necessary (for example to process payments, undertake audit work or deal with communications). We respect your trust and protect your privacy and therefore will never sell or share this data with any third parties outside of ***(insert name of relevant organisation/s),*** unless you give us permission to do this. By filling out this form you are giving permission for us to store and process your data for up to 5 years. Your data can be updated or removed upon request by contacting ***(insert relevant email address here)***.   
   
Any personal data you provide will be used to create and update a record of your contact details. We will also record your involvement in specific research projects / events.

We may sometimes report anonymised and aggregated data internally or externally. For example, if a research funder asks us to report on how many women and men are in our groups, or how many people identify as a particular ethnicity.   You will not be able to be identified within the summary.

The personal information provided will be processed safely and securely by (***insert relevant organisation/s)*** for the purposes of creating and updating your membership details and providing you with information on the various projects we are asked to be involved in.  Please see (***Insert relevant organisation/s privacy policy links)*** will process your personal information.

By ticking the box below, you are agreeing to the processing of your personal information as outlined in the privacy statement above.

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