



www.nc-hi.com

National Concern for Healthcare Infections

Raising Awareness ~ Supporting You

Working for Patient Safety

Registered Charity No: 1128828

01942 208804

Email: info@nc-hi.com



International Alliance of Patients' Organizations

A global voice for patients

Full Member

Membership Form

The information provided will be treated in the strictest confidence. It will only be held by the nominated Data Controller in accordance with the Data Protection Act 1998 who in this organisation is the Chair and the information will not be passed to any third party without permission.

Name **DOB**

Address

.....

..... **Postcode**

Male **Female**

I would describe my ethnic origin as

Phone (Home)

Business

Mobile

E-Mail

As with all Charities we rely heavily on donations and fundraising to enable us to continue our work in association and partnership with patients, families & carers and Healthcare Organisations/Agencies and Bodies in raising & prioritising Patient Safety, so we can all play a role in maintaining a Safer Healthcare System for everyone. If you are able to any gift great or small would be deeply appreciated

My Donation (completely optional): £

Total Amount: £

I enclose my cheque/crossed postal order made payable to NCHI
Please do not send cash through the post.

SIGNED DATE

PLEASE SEND TO:

Mr Graham Tanner ~ 22 King Georges Rd: Bishopsworth: Bristol BS13 8LP

.....

Your Membership entitles you to our newsletters, our FAQ leaflets, all the help and support you need and also updates on the progress so far.

giftaid it



Using Gift Aid means that for every pound you donate, we get an extra 28 pence from the Inland Revenue, helping your donation go further. For instance this means £10 can be turned into £12.80 just as long as donations are made through Gift Aid. Imagine what a difference this could make. Just complete this form and send it back to us.

Gift Aid Declaration for National Concern for Healthcare Infections (NCHI) Registered Charity No: 1128828

I would like the Registered Charity **NCHI** to treat the enclosed donation of:

£..... as a Gift Aid Donation

Title Forename (s)..... Surname

Address

..... Postcode

I want **NCHI** to treat all donations I have made over the last six years and all future donations I make from the date of this declaration until I notify you otherwise as, Gift Aid Donations.

Date Signature

Notes:

1. You can cancel this declaration at any time by notifying the Charity or CASC.
2. You must pay an amount of Income tax and/or Capital gains tax at least equal to the tax that NCHI reclaims on your donations in the appropriate tax year.
3. If you pay tax at the higher rate you can claim further tax relief in your Self Assessment tax return (currently 18%)
4. If in the future your circumstances change and you no longer pay income tax/capital gains tax equal to the tax **NCHI** reclaims, you can cancel your declaration (see note 1)
5. Please notify us of any change in your name or address
6. If you are uncertain whether your donation qualify for Gift Aid tax relief then contact the office and/or your local tax office

When complete please post to:

NCHI
22 King Georges Rd
Bishopsworth
Bristol BS13 8LP

OPTIONAL INFORMATION

The questions below would help us to compile Facts about the hospitals concerned. We would be grateful if you can help us by including this information.

Which hospital (s) treated you (or loved one)?

.....
.....

When were you treated?

.....

When were you diagnosed as having a Hospital Acquired Infection?

.....

Were you given any information?

.....

Do you consider that you suffer from a Disability as a result of a Healthcare Infection?

.....

THANKYOU
NCHI
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