**Expression of interest for the**

**PROMISE CARE study**

This form will collect your contact details and some brief details about you and your professional role. This information will be treated as confidential and stored securely and will only be used for the study purposes described below.

I understand that by completing this form I am consenting to the PROMISE CARE study using this information to contact me about taking part in the study, and should I take part in the study use my anonymised responses in this research. Please initial below to indicate that you consent:

|  |
| --- |
|  |

I agree with the above statement

**SECTION 1: INFORMATION ABOUT YOU**

**1.1**

**Title:**

**First name:**

**Surname:**

**Preferred telephone number:**

**Preferred email address:**

**1.2 I am happy to be contacted by: (please tick all that apply)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Email |  | Telephone call |  | Text |  | WhatsApp |  |

**1.3 Preferred time to contact** (for telephone calls)

**1.4 What is your current professional role? (please tick one)**

|  |  |  |  |
| --- | --- | --- | --- |
| Bariatric clinical psychologist  |  | Bariatric dietitian |  |
| Bariatric nurse  |  | Bariatric physician/registrar |  |
| Bariatric surgeon/registrar |  | Commissioner with experience of commissioning adult weight management/bariatric services |  |
| GP/registrar |  | Physiotherapist/exercise professional working in bariatric services |  |
| Primary care practice nurse/advanced nurse practitioner |  | Other |  |

**If other, please give details:**

**1.6 How many years have you worked in your current role? (please tick one)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1-5 | 6-10 | 11-15 | 16-20 | 21-25 | 26+ |
|  |  |  |  |  |  |

**1.6 Which region of the UK do you work in for this role? (please tick one)**

|  |  |  |  |
| --- | --- | --- | --- |
| East Midlands |  | East of England |  |
| London |  | North East |  |
| Northern Ireland |  | North West |  |
| Other |  | Scotland |  |
| South East |  | South West |  |
| West Midlands |  | Yorkshire and The Humber |  |

**1.7 Do you mainly work in: (please tick one)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Primary care  |  | Tier 3 |  | Tier 4 |  |

**1.8 Do you mainly work in the: (please tick one)**

|  |  |  |  |
| --- | --- | --- | --- |
| NHS  |  | Private sector |  |

**SECTION 2: DEMOGRAPHIC INFORMATION**

**2.1 Gender (please tick one):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Female  | Male | Non-binary/third gender | Prefer not to say  | Prefer to self-describe |
|  |  |  |  |  |

**If self-describe, please give details:**

**2.2 Age in years (please tick one):**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 18-29 | 30-39 | 40-49 | 50-59 | 60-69 | >70 |
|  |  |  |  |  |  |

**2.3 Ethnicity (please tick one):**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Asian Other  |  | Bangladeshi  |  | Black African |  | Black Caribbean  |  |
| Black Other  |  | Chinese |  | Indian  |  | Mixed |  |
| Other |  | Pakistani |  | White |  |  |  |

**If other, please give details:**

Please return your form to the study team using the FREEPOST envelope provided, or via return email or WhatsApp (by sending scans/photos of completed form).

You will be contacted to discuss further participation\*.

**Thank you for your time.**

**\*** *Due to limited space in the meetings it is possible that we will not be able to include everyone who would like to take part. Should this be the case we will decide who to contact/not contact to make sure we hear from people with a variety of experiences and backgrounds. If you do not hear from us, we thank you very much for your interest and wish you all the best in the future.*