



Mystery Shopper Registration Form

Would you like to help improve your local physical, mental health and adult social care services? Your feedback from being a Mystery Shopper can help us to shape our services, give us the opportunity to share good practice and make improvements. Mystery Shopping is a way for us to gather feedback from existing service users and carers.

If you would like to become a Mystery Shopper, please complete the form below:

Name:	Mr/Mrs/Ms/Miss/Other
Telephone Number:	Date of Birth:
Email Address:	Postal Address: Postcode:
Are you a Service User <input type="checkbox"/> or Carer <input type="checkbox"/> (<input checked="" type="checkbox"/> Please tick the appropriate box)	
Where do you attend your appointments?	
Which Team or Service provides your care?	
Signature:	Date:
Demographic Information: providing this information helps us to know whether we are including people from all groups. <input checked="" type="checkbox"/> Please tick the box that best describes your gender:	
Female <input type="checkbox"/> Male <input type="checkbox"/> I would prefer not to say <input type="checkbox"/>	
Prefer to Self-Describe <input type="checkbox"/> Please state:.....	
<input checked="" type="checkbox"/> Please tick the box that best describes your ethnicity:	
White British / Irish / Other <input type="checkbox"/> Asian / Asian British <input type="checkbox"/> Mixed / Multiple Ethnic Group <input type="checkbox"/>	
Black African / Caribbean or Black British <input type="checkbox"/> Other <input type="checkbox"/> I would prefer not to say <input type="checkbox"/>	

Please tick the box that best describes you:

Are your day to day activities limited because of a health problem or disability which has lasted, or is expected to last at least 12 months? (include any issues / problems relating to old age)

Yes, limited a lot Yes, limited a little No I would prefer not to say

Please tick the box that best describes your age:

18 – 24 years 25 – 34 years 35 – 44 years 45 – 54 years

55 – 64 years 65 – 74 years 75 – 84 years 85 years and over

I would prefer not to say

If you would like this information in an alternative format, please let us know



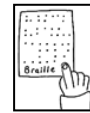
Audio



Easy Read



Telephone



Braille



Online

Getting in touch with the Involvement Team:-

Getting in touch...



Involvement@mpft.nhs.uk



or **text**

01785 221377



[@mpftinvolve](https://twitter.com/mpftinvolve)



[Involvement for impact](#)

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The Involvement Team
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