



Notification of Involvement Activity

LD 01

This form must be completed as fully as possible, and returned to the Trust's Involvement Team **before** the Trust can make payments for expenses and activity by Service Users and Carers from the central Involvement Budget.

What is the activity / meeting / event for which you are involving Service Users and / or Carers?			
Where will this activity take place?			
Date/s:		If the activity is an interview what is the vacancy reference number:	
How many Service Users / Carers are you involving?	_____ Service Users _____ Carers		
Who is the manager authorised to sign expenses and payment claim forms for Service Users and Carers?			
Sample Authority Signature ⇨ ⇨ ⇨ ⇨			
Name of staff organising activity			
Position			
Location			
e-mail		Tel No	
Return to: Involvement Team, Cheshire & Wirral Partnership NHS Trust, Redesmere, Countess of Chester Health Park, Liverpool Road, Chester CH2 1BQ			Authorised by Involvement Team