

Institute of Health and Social Care Studies

SERVICE USER INVOLVEMENT

**SERVICE USER'S EXPRESSION OF INTEREST
in
Involvement in the Institute's Teaching and Learning Activities**

**I am interested in being involved in the teaching and learning activities
of the Institute of Health and Social Care Studies:**

Name: _____

Address: _____

Postcode: _____

Tel: _____

Mobile: _____

e-mail: _____

Areas of interest:

Empty box for entering areas of interest.

I am interested in participating in the following kinds of activities with the Institute (*please tick as many of the boxes as you wish*):

Teaching only (module level)

Module level activities (e.g. module curriculum planning, teaching, producing teaching and learning resources)

Course level activities (e.g. course planning, development and evaluation)

Institute level (e.g. participation in Institute Committees and student selection and assessment)

I understand that my completing this form is not binding on either myself or on the Institute, but confirm that the Institute has permission to contact me with regard to possible involvement in its teaching and learning activities according to the boxes I have ticked above and with reference to my areas of interest.

Signed: _____

Date: _____

Please complete and return this form to:

**Janey Speers
Institute of Health and Social Care Studies
Rue Mignot
St Andrew's
Guernsey
GY6 8TW**

Many thanks for your interest.