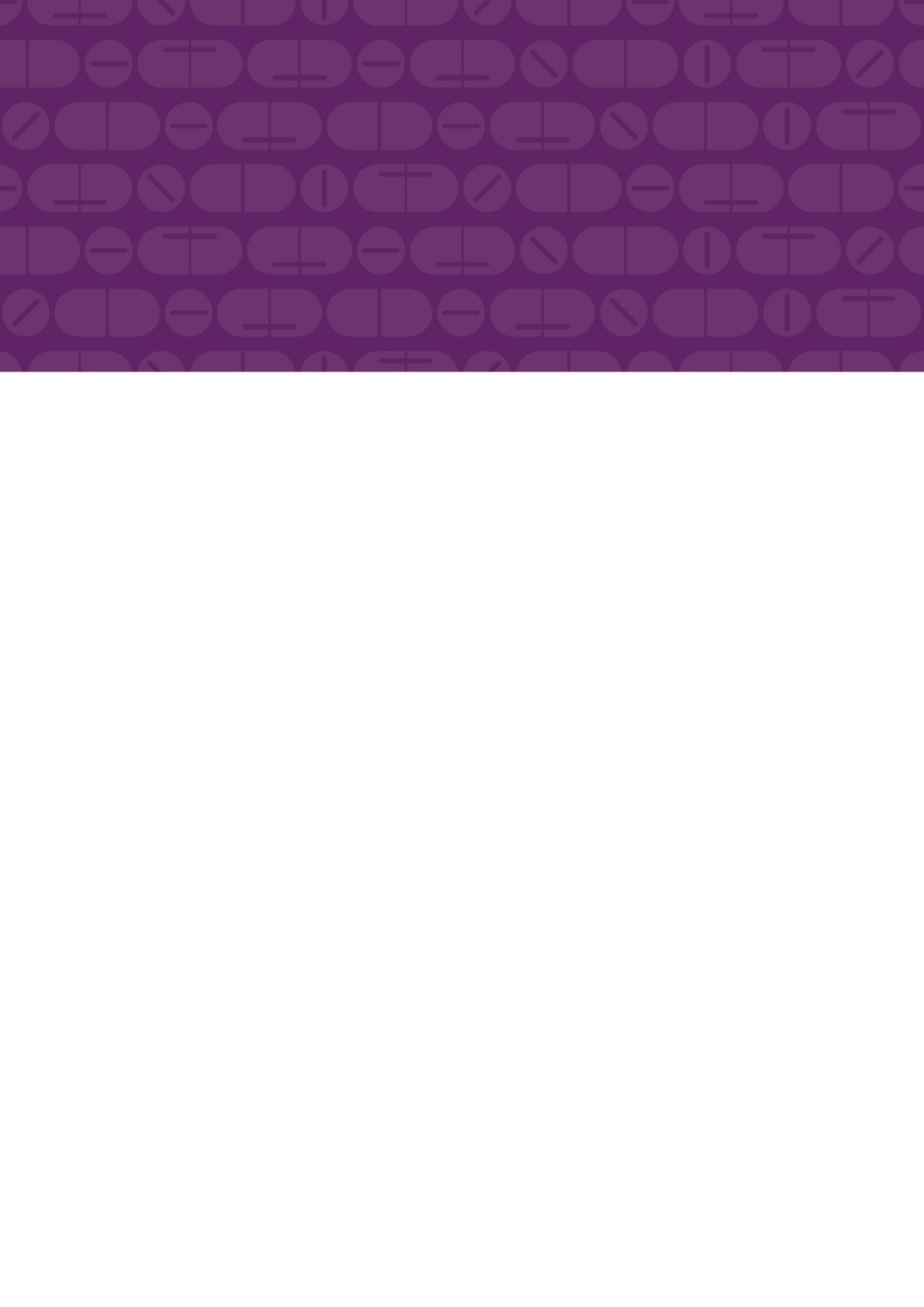
www.scottishmedicines.org.uk

Patient Group Partner Registration Form

The Scottish Medicines Consortium (SMC) is committed to working in partnership with patient groups to capture patient and carer experiences, and use them to inform SMC decision-making.

You are required to complete a patient group partner registration form before you provide a Patient Group Submision. By becoming an SMC Patient Group Partner, you will become a member of our Public Involvement Network (PIN) and be able to make submissions to SMC.

As a Patient Group Partner, you will only need to provide information about your organisation once, rather than each time you submit. This information will be held on our database and used with each of your submissionsIf it is more than a year since you provided us with an update, we will need this information before we can accept your submission. It is your responsibility to ensure your registration details are up to date each time you provide a submission.

If you would like more information about submitting to SMC, please read our guide for Patient Group Partners. If you have any more questions after reading the guide, the SMC Public Involvement Team can support you throughout the submission process. You can email us at: [his.smcpublicinvolvement@nhs.scot](mailto:his.smcpublicinvolvement@nhs.scot).

Please do not hesitate to get in touch, as we are here to help you.

# Section A

## 1. What is the full name of your organisation?

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| --- |
|  |

## 2. Does your organisation use a different name in your day-to-day work? Yes No

If Yes, what other name do you use?

## 3. What is the main or registered address, including postcode for your organisation?

|  |
| --- |
|  |

## 4. Who is the main contact for submissions to SMC?

|  |  |
| --- | --- |
| Name: |  |
| Position held in organisation: |  |
| Email address: |  |
| Phone number: |  |
| Website address: |  |

## 5. What type of organisation are you?

Select your organisation type from at least one of these categories.   
You can select from more than one category if relevant.

## Registered Charity

Unincorporated Organisation

Scottish Charitable Incorporated Organisation (SCIO)

Charitable Incorporated Organisation

Charitable Unincorporated Organisation

Charity (Royal Charter or Act of Parliament)

Charitable Trust

Other, please give details:

## 6. Give any reference or registration numbers you have.

|  |
| --- |
|  |

Office of the Scottish Charity Regulator

Charity Commission for England and Wales

Charity Commission for Northern Ireland

Companies House

7. When was your organisation set up? (date your organisation adopted its current legal status)

## 8. Is your organisation independent or a branch of a larger organisation?

|  |
| --- |
|  |

9. Provide a short description of the nature and purpose of your organisation.

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| --- |
|  |

# Section B

## 1. Please list any companies involved in the development of new medicines that are corporate members of your organisation.

|  |
| --- |
|  |

## 2. Has your organisation received any funding from companies or organisations involved in the development of new medicines within the last two financial years? Yes No

## If Yes, please provide details below.

|  |  |  |
| --- | --- | --- |
| Name of company | Amount received | Purpose of funding |
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3. What overall percentage of your total annual income is this?

4. Date completed:

Thank you for completing this form. Please email it to: [his.smcpublicinvolvement@nhs.scot](mailto:his.smcpublicinvolvement@nhs.scot)

**Please note that all information obtained is treated in strict confidence and will not be shared with anyone outside of Healthcare Improvement Scotland without your permission.**

For each medicine we produce “Decision Explained”, which provides a plain English explanation of the SMC decision, along with signposting to organisations which provide information and support to patients and carers. We would like to include your patient group name and website address (together with helpline number, if available) for relevant medicines. If you would rather we didn’t include the name of your patient group, please tick here.

We would like to add your patient group to a list of Patient Group Partners on the Scottish Medicines Consortium website. If you would rather we didn’t include the name of your patient group, please tick here.

From time to time, other parts of Healthcare Improvement Scotland are looking to consult with patient groups about their work. If you would rather not be contacted by other parts of our organisation, please tick here.