



## East of England Neonatal ODN Parent Advisory Group (PAG)

**Background Information Sheet** 

## **About you**

formal investigations

or unresolved complaints

Name	
What is your relationship to the baby/ies that spent time in neonatal care?	Mother / Father / Carer / Foster Carer / Grandparent / Other (please specify)
Address	
	Postcode
Email address	1 Ostcode
Day time	
phone number	
Mobile	
phone number Evening	
phone number	
Date of Birth	
Bato of Birth	
How many babies	
have you had in	
neonatal care?	
Have you	
experienced a	
bereavement during	
your neonatal experience?	
Are there any	+
ongoing disputes,	
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regarding your baby's care?	
If yes, have you had	
the final outcome of	
a formal	
investigation?	

## Information about your baby/babies:

Name of baby

Please complete a separate section for each baby who spent time in neonatal care.

Date of Birth	
Hospital where they were born	
Other hospitals	
where they received	
neonatal care (if relevant)	
Gestational age	
Octional ago	
Weight	
Sex	
Name of baby	
Date of Birth	
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Hospital where they were born	
were born	
Other hospitals	
where they received	
neonatal care (if	
relevant)	
Gestational age	





Weight	
Sex	
Other children:	
Names & ages of any other children in the family	
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What has inspired you to join the Parent Advisory Group?	
Please tell us what skills, experiences and knowledge you would bring to the Parent Advisory Group. This can include specific neonatal experiences as well as any transferable skills from your life outside of your neonatal journey.	
Have you been involved in supporting neonatal care in your area in any way? If yes, please describe what that looked like.	





As part of our process, we ask for references from two people who can give a character reference. This can be anyone who knows you well but not a relative or partner. Please provide their name and contact details below.

## Person one

Name

Address	
Postcode	
Phone number	
Email address	
How do you know	
this person?	
Person two	
Name	
Address	
Postcode	
Phone number	1
Email address	
How do you know this person?	

Thank you for your interest in joining PAG and in supporting the development of neonatal care in the East of England.

Please return this form to <u>Jemima.morroll@nhs.net</u> EOE ODN Care Coordinator Administrator