

To access our services please complete **both sides** of this form and **include** any donation with the form.

Membership: April 2017-April 2018

(Please write clearly in Block Capitals)

Mrs Miss Ms Mr Dr

First Name: _____ Last Name: _____

Email: _____

Home Tel: _____ Mobile: _____

Address: _____

_____ Post Code: _____

Emergency Contact Details:

Name: _____ Relationship to you: _____

Tel: _____

Membership is for One Year and you will be asked if you want to renew next April.

Suggested Donation

- £3 - £5 for One Year

How did you hear about Mid Powys Mind (please circle)? GP Hazels (CMHT)

Other organisation Word of mouth

brochures/posters/facebook/Mid Powys Mind Website Other Website

Services you have used in the last 12 months, or are about to use (please circle):

Wellbeing Centre Community Groups (Knighton & Builth) Training

Counselling Complementary Therapies 1:1 Support Volunteering

Youth Service Dementia Support Service Re-ablement service Information/signposting

Art/craft groups LGBTQ+ Food collection/vouchers ASD support group

Other groups Free Legal Advice

Signed: _____

Data Protection Act. I understand that this information will be held on computer and Lamplight (our web based monitoring database) for purposes related to my membership of and support received from Mid Powys Mind and by signing above, I agree to this. My personal information will not be shared with anyone else.

PLEASE TURN OVER

Mid Powys Mind strives to provide safe, supportive and enabling services for people. To ensure that we are able to continue to do this we ask the following questions:

Is there anything that Mid Powys Mind needs to know that involves risk to yourself or others?
Yes [] No []

If so please tell us about it:

What can we do to support you and to reduce this risk?

Do you receive support/services from any other organisations? If yes please list:

Please sign here to say that you give Mid Powys Mind consent to contact these other organisations when necessary, in order to share information (this is an important factor in meeting your individual needs and keeping our service safe, proactive and responsive)

Please tick this box if you do not wish to give consent []

Signed: _____ Print Name: _____



Equal Opportunities – Mid Powys Mind aims to be an Equal Opportunities provider of services, please help us monitor this by filling out the questions below. This part of your membership form will be detached from the main part of the form on receipt, therefore information provided in the section below is anonymous.

Decline to respond to equal opportunities questions []

Gender: Male [] Female [] Transgender [] Other []

Ethnic background: White [] Mixed ethnicity [] Asian/Asian UK [] Black/African/Caribbean []
Other []

Age: 0-19 [] 20-24 [] 25-34 [] 35-44 [] 45-54 [] 55-64 []
65-74 [] 75-84 [] 85+ []

Religion: None [] Christian [] Buddhist [] Hindu [] Jewish [] Muslim [] Sikh [] Other []

Sexual orientation: Heterosexual [] Lesbian/Gay men/bisexual [] Other []

Disabled: Disabled [] Not disabled [] **Welsh Speaker:** Yes [] No []