

FiSH Neighbourhood Care

Registered charity no 1147516 and a limited company registered in England and Wales no 07933796



Membership Application October 2023 – September 2024

Please provide on this and the following pages as much information as you are willing to share with us. Please remember to tell us any of your information changes if in the future.

Please take the time to read about our use of personal information about you at the end of this application form.

About You

Title:
First name:
Surname:
Address:
Postcode:
Tel:
Mobile:
Email:
Date of Birth:
Referred to FiSH by:

Signature:
Date:

Subscription *(please tick)*

☐ I enclose my annual membership subscription of **£30**.

Cheques should be made payable to FiSH Neighbourhood Care.

☐ I have paid **£30** by BACS. *Please quote your name / subs as a reference.*
FiSH Neighbourhood Care –
Sort Code 60-07-20 – Account 43543561

☐ I wish to pay by Debit Card. Please call me.

☐ I enclose a gift of £_____

☐ Please send me a receipt for my donation.

Gift Aid *(please tick if applicable)*

☐ I want to Gift Aid any donations I make in the future or have made in the past 4 years to FiSH Neighbourhood Care (Registered Charity 1147516). I am a UK taxpayer and understand that if in respect of any tax year I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference.

When complete, please return this form together with your membership fee to:

**FiSH Neighbourhood Care,
Barnes Green Centre, Church Road, Barnes, London SW13 9HE.
We advise you not to send cash through the post**

Which of the following FiSH services may be of interest to you? *please tick*

- ☐ Befriending – one-to-one visits in your home or by telephone
- ☐ Board Games
- ☐ Bridge Club
- ☐ Choir
- ☐ Coffee Corner – coffee & company
- ☐ Concerts
- ☐ Community Lunches
- ☐ Digital Help – phones / tablets etc.
- ☐ Helpline (transport, shopping, handyman, gardening etc.)
- ☐ MeetUpMondays – coffee & company
- ☐ Outings
- ☐ Parkinson's Group

- ☐ Picassos in the Park (dementia art classes)
- ☐ Pub Lunches
- ☐ Retro Clubs (memory loss)
- ☐ Shopping (groceries) via FiSH Bus
- ☐ Shopping (Kew Retail) via FiSH Bus
- ☐ StarFiSH Dance Classes
- ☐ Tuesday Talks

Hobbies

- ☐ Art
- ☐ Crafts
- ☐ History
- ☐ Pets
- ☐ Puzzles
- ☐ Reading
- ☐ Sport

Ability / Disability *Please tick any that apply to you*

- ☐ Impaired mobility
- ☐ Visually impaired
- ☐ Hearing impaired
- ☐ Blue Badge Holder
- ☐ Taxi Card Holder
- ☐ Learning Disability
- ☐ Dementia / Memory Loss
- ☐ Parkinson's

Do you use a mobility aid? *If so, please tick*

- ☐ Walking Stick
- ☐ Crutches
- ☐ Zimmer Frame
- ☐ 3 Wheeled Walker
- ☐ 4 Wheeled Walker
- ☐ Wheelchair
- ☐ Mobility Scooter

Who do you currently live with? *please tick*

- ☐ On my own
- ☐ With my spouse / partner
- ☐ With my daughter / son / parent
- ☐ With a live-in carer
- ☐ In sheltered accommodation
- ☐ In residential care
- ☐ I am a widow / widower

Please tell us of any special medical conditions of dietary intolerances that you think it is important for us to know about when planning outings or events (e.g. diabetes, arthritis, cardiac problems, gluten etc.) that you might participate in.

General Practitioner

Your GP's name:

Your GP practice:

Contact details of a person we can contact in an emergency:

Name:

Relationship to you:

Address:

Tel:

Mobile:

Name of a person who holds a spare key to where you live:

Name:

Tel:

Mobile:

- ☐ Please tick to confirm that you have the permission of these people to pass on their personal details to us.

Do you have a key safe or keycode entry at home? *(Please tick)*

- ☐ Yes
☐ No

How would you rate your general health at the moment

*(circle the number closest to how you feel:
1 = Poor, 5 = Excellent)*

1 2 3 4 5

How independent would you say you were at the moment?

*(circle the number closest to how you feel:
1 = Very dependent, 5 = Fully independent)*

1 2 3 4 5

How often do you usually have social contact e.g. contact with family or friends

*(circle the number closest to how you feel:
1 = Almost never, 5 = Almost every day)*

1 2 3 4 5

What is your ethnic group? *This will be used only to monitor inclusive provision of our services.*

- ☐ Do not wish to say
- ☐ White British
- ☐ White Irish
- ☐ White European
- ☐ White Other
- ☐ Mixed White & Asian
- ☐ Mixed Other
- ☐ Asian or Asian British
- ☐ Black or Black British
- ☐ Chinese
- ☐ Eastern European
- ☐ Middle Eastern
- ☐ Other *(please specify)*

Our **Privacy Notice** (available at www.fishhelp.org.uk and in hard copy format on request) gives information we are required by law to make available to you when we collect personal information about you, including information on how we use it, how long we keep it, who has access to it and who we share it with. The Privacy Notice was revised in April 2020.

Information about your health, including your wellbeing, is important in helping us to offer you appropriate help and support. We need your specific permission to hold and use this information. Without your permission, we may be unable to help and support you as much as you and we would like.

Information about your ethnic group is held for monitoring purposes only and has no impact on the services we offer to you.

If you supply information about your health and/or your ethnic group but do not give or withhold consent by ticking one of the boxes on this page we will take your supply of that information as consent to us using it.

Consent:

- ☐ I consent to FiSH holding information about my health.
- ☐ I consent to FiSH holding information about my ethnic group.
- ☐ I consent to FiSH sending me communications and newsletters by post.
- ☐ I consent to FiSH contacting me by telephone or text about forthcoming FiSH and other community activities.
- ☐ I consent to FiSH sending me by email communications and newsletters about forthcoming FiSH and other community activities.

No Consent:

- ☐ I do not consent to FiSH holding information about my health and well-being and do not wish to be contacted by post, telephone or email. I understand that this will impact the services available to me.

Signed: _____

Date: _____