

FiSH Neighbourhood Care

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



Membership Application September 2018 – August 2019

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

Our Privacy Notice (available at www.fishhelp.org.uk and in hard copy on request to us) 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.

About You

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

Signature:
Date:

Subscription *(please tick)*

- I have enclosed my annual membership subscription of **£15**.
Cheques should be made payable to FiSH Neighbourhood Care. Membership runs from September to August each year.

Gift Aid *(please tick if applicable)*

- I want to Gift Aid my donation of £_____ and 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 cheque or cash to:

**FiSH Neighbourhood Care,
Barnes Green Centre, Church Road, Barnes, London SW13 9HE.**

We advise you not to send cash through the post.

Information relating to your health including your wellbeing and ethnic group

We will use this information in providing services to you and otherwise conducting our activities: further information is given in our Privacy Notice (see page 1). We can do so normally only with your explicit consent. Please indicate your decision on FiSH using this information by ticking the relevant box below, and if in the future you change your mind about this consent please contact us. If you supply information but do not give or withhold consent by ticking one of the boxes below we will take your supply of that information as consent to us using it.

Provision of this information is not a condition of being able to access FiSH services generally but where you do not do so the services provided may be curtailed where we are concerned as the health and safety risk to you and/or our staff and volunteers who would otherwise provide the service.

Consent to FiSH using information relating to your health: (please tick) Yes No

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

- Befriending – one-to-one visits in your home
- Befriending – by telephone
- Bridge
- CheckMates! (Scrabble, Chess etc.)
- Choir
- Community Lunches
- Concerts
- Dance / Exercise
- Helpline (transport, shopping, handyman, gardening etc.)
- Outings
- Picassos in the Park (dementia art classes)
- Retro Café (memory loss)
- Shopping trips on the bus
- Talks
- Walks

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

- Impaired mobility
- Visually impaired
- Hearing impaired
- Registered Disabled
- Blue Badge Holder
- Taxi Card Holder
- Learning Disability
- Dementia

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
- With a live-in carer
- In sheltered accommodation
- In residential care

Please tell us of any special medical conditions that you think it is important for us to know about when planning outings or events (e.g. diabetes, dementia 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 only be used 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)*
