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| S:\Staff Shared Resources\Branding\Open Age Logo - All Formats\Open Age Transparent.pngMEMBERSHIP FORM  Please complete and return this form to us at the below email or address:  Open Age, St Charles’ Centre for Health & Wellbeing,  Exmoor Street, London, W10 6DZ or Email to: [membership@openage.org.uk](mailto:membership@openage.org.uk)  [WWW.OPENAGE.ORG.UK](http://WWW.OPENAGE.ORG.UK) Tel: 020 4516 9978  registered charity no. 1160125  Note that all sections marked with an \*Asterix are mandatory fields. | | | | | | | | | | | | | | | | | | |
| **\*First Name** | | | | |  | | | **\*Surname** | | | |  | | | | | | |
| \*Address: | | | | |  | | | | | | | | | | | | | |
| \*Borough | | | | |  | | | **\*Postcode:** | | | |  | | | | | | |
| \*Email Address: | | | | |  | | | | | | | | | | | | | |
| \*Home phone: | | | | |  | | | | **\*Mobile:** | |  | | | | | | | |
| **personal details** | | | | | | | | | | | | | | | | | | |
| Gender | | | | **Male Female Other** | | | | | | | | | | | **\*DOB:** | | / / | |
| **What is your ethnic origin?** | | **White** | | | | | British | **Black or Black British** | | | | | | Caribbean | | | | |
|  | | | | | Irish |  | | | | | | African | | | | |
|  | | | | | Any other White background |  | | | | | | Any other Black background | | | | |
| **Asian or Asian British** | | | | | Indian | **Mixed** | | | | | | White & Black Caribbean | | | | |
|  | | | | | Pakistani |  | | | | | | White & Black African | | | | |
|  | | | | | Bangladeshi |  | | | | | | White & Asian | | | | |
|  | | | | | Any other Asian background |  | | | | | | Any other Mixed background | | | | |
|  | | | | | Chinese |  | | | | | |  | | | | |
| **Other Ethnic Groups** | | | | | Any other Ethnic background |  | | | | | | Prefer not to say | | | | |
| How do you identify your sexuality? | | Heterosexual (straight)Gay  Lesbian Bisexual  Prefer not to say  Other | | | | | | | | | | | | | | | | |
| **Language information** | | Do you speak English Yes  No  Limited  Any other languages | | | | | | | | | | | | | | | | |
| **Who do you live with?** | | With others  By myself | | | | | | | | | | | | | | | | |
| Carer information | | Are you an unpaid carer?  Yes  Who do you care for?  Partner/Spouse Parent Child Sibling Friend Other | | | | | | | | | | | | | | | | |
| Would you like to volunteer? | | .. if so in what capacity?  Eg. Admin, Trips, Café. Activities. | | | | | | | | | | | | | | | | |
| How did you hear about us? | | GP Social Care/Local Authority Health Services Marketing (fliers/posters/media)  Other Older Persons Charity Existing member Health day/event/talk  Other (Please specify) | | | | | | | | | | | | | | | | |
| **MEDICAL DETAILS** (continued on next page) | | | | | | | | | | | | | | | | | | |
| **Tick any medical conditions or disabilities that your Doctor has diagnosed** | | | | | | | | | | | | | | | | | | |
| Dyspraxia | | | | | | Hip replacement | | | | | | Asthma | | | | | | |
| Dyslexia | | | | | | Knee replacement | | | | | | COPD | | | | | | |
| Emotional difficulties | | | | | | Shoulder replacement | | | | | | Long COVID | | | | | | |
| Behavioural difficulties | | | | | | Rheumatoid Arthritis | | | | | | Dementia | | | | | | |
| Learning difficulties | | | | | | Osteoporosis | | | | | | Parkinson's | | | | | | |
| Mental ill health | | | | | | Osteopenia | | | | | | Epilepsy | | | | | | |
| Migraine | | | | | | Osteoarthritis | | | | | | Stroke | | | | | | |
| Visual impairment | | | | | | Diabetes | | | | | | Cancer/Remission | | | | | | |
| Hearing impairment | | | | | | High blood pressure | | | | | | REGISTERED DISABLED | | | | | | |
| Mobility Issues | | | | | | Low blood pressure | | | | | | Any other condition, illness, injury or disability (please specify) | | | | | | |
| Multiple Sclerosis | | | | | | Heart condition | | | | | |  | | | | | | |
| Have you had a Fall in the last 12 months and would you like to be contacted by our Steady and Stable (falls prevention exercise) team? | | | | | | | | | | | | | | | | | | |
| If you have ticked any of the disability or health information above, or you have had RECENT SURGERY please check with your GP that they approve of you attending your preferred classes.  By signing this form, I confirm that I have revealed to the best of my knowledge, anything that may affect me during or as a result of exercise and that my participation in any exercise session is entirely at my own risk. | | | | | | | | | | | | | | | | | | |
| EMERGENCY CONTACT DETAILS | | | | | | | | | | | | | | | | | | |
| \*Name: |  | | | | | | | | | **\*Phone no:** | | | | |  | | | |
| Email: |  | | | | | | | | | **\*Relationship:** | | | | |  | | | |
| **GP SURGERY DETAILS** | | | | | | | | | | | | | | | | | | |
| Surgery Name & Address: | |  | | | | | | | | | | | **NHS No.** | | |  | | |
| MEASURES OF PERSONAL WELLBEING | | | | | | | | | | | | | | | | | | |
| We are including a set of four questions that have been developed by the Office of National Statistics and are widely used as a measure of impact, known as the ONS4. We are including these questions as they will give us a better understanding of the impact Open Age has in comparison to other types of organisations. This is very important to us as we hope it will allow us to make a stronger argument to new and existing partners about why they should continue to fund us. | | | | | | | | | | | | | | | | | | |
| There are no right or wrong answers. For each of these questions please answer on a scale of 0 to 10, where 0 is “not at all” and 10 is “completely”.  1. Overall, how satisfied are you with your life nowadays?  0  1  2  3  4  5  6  7  8  9  10  2. Overall, to what extent do you feel that the things you do in your life are worthwhile?  0  1  2  3  4  5  6  7  8  9  10  3. Overall, how happy did you feel yesterday?  0  1  2  3  4  5  6  7  8  9  10  4. On a scale where 0 is “not at all anxious” and 10 is “completely anxious”, overall, how anxious did you feel yesterday?  0  1  2  3  4  5  6  7  8  9  10 | | | | | | | | | | | | | | | | | | |
| COMMUNICATION PREFERENCES | | | | | | | | | | | | | | | | | | |
| In order to successfully manage your Open Age membership, we need to communicate regularly to provide updates to classes, bookings and occasionally to request that you review the information we hold as part of your membership. Please confirm the communication approaches we can use: Email  Phone  Text  Please indicate whether you would prefer to receive our activities programme via email or post: Email  Post  In addition, we send other more general communications covering our fundraising activities and one-off events. Please select whether you want to receive these. Opt out  Opt in | | | | | | | | | | | | | | | | | | |
| DATA PROTECTION DECLARATION | | | | | | | | | | | | | | | | | | |
| All information contained in this form is strictly confidential. The information provided may be used to create anonymous statistics for funders to show Open Age activities reach a variety of older people of different ages and backgrounds, and without this information, activities may not be funded. I understand that Open Age will store this information in a database that will be available to Open Age staff, tutors and volunteers for the purpose of providing activities and managing my membership. In an emergency, the information may be used to contact the person nominated. Please ask a member of staff or go to our website [WWW.OPENAGE.ORG.UK](http://WWW.OPENAGE.ORG.UK) to view our GDPR and Privacy policy. | | | | | | | | | | | | | | | | | | |
| External referrer use only | | | Please tick if you are referring from one of the below services:  MCMW (My Care My Way) Housing services Community Mental Health Teams Falls prevention Social prescriber  Pulmonary rehab Grenfell Health & Wellbeing service Other (Please specify) | | | | | | | | | | | | | | | |
| Internal staff use only: referred via your project? | | | Open Age - Link-Up Team Open Age - TFM (Time For Me) Open Age - Men's Group  Open Age – Be Active Open Age - ACL (Adult Community Learning) Open Age – DigitALL  Open Age – Steady & Stable Open Age – Osteo Blast Open Age – Healthy Lungs | | | | | | | | | | | | | | | |
| Signature | |  | | | | | | | | | | Date | | | | | |  |