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| S:\Staff Shared Resources\Branding\Open Age Logo - All Formats\Open Age Transparent.pngMEMBERSHIP FORM 2020-2021  Please complete and return this form to our Head Office:  Open Age, St Charles’ Centre for Health & Wellbeing,  Exmoor Street, London, W10 6DZ or Email to: [mail@openage.org.uk](mailto:mail@openage.org.uk)  [WWW.OPENAGE.ORG.UK](http://WWW.OPENAGE.ORG.UK) Tel: 020 4516 9978  registered charity no. 1160125 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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. If you require help filling in this form or talking through the programme please notify a volunteer or member of staff. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **First Name** | | | | |  | | | | | | | | | **Surname** | | | | |  | | | | | | | | | | | | | |
| Gender | | | | | **Male Female Other** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | DOB: | | / / | | | |
| **Address:** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Borough | | | | |  | | | | | | | | | | | | **Postcode:** | | | | | | | | |  | | | | | | |
| Home phone: | | | | |  | | | | | | | | | | | | **Mobile:** | | | | | | | | |  | | | | | | |
| **Emergency contact details:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name:** | | |  | | | | | | | **Phone no:** | | |  | | | | | | | | | | | | **Relationship:** | | | | |  | | |
| Please could you supply your email address below and tick the relevant box if you would prefer to have your activity programmes emailed or posted to you?  Emailed *email address*  Posted *please provide us with a large self-addressed envelope*  We are trying very hard to reduce our printing cost but we need your help to achieve this. Each year we spend over £40,000 on printing so if you are happy to receive your activity programmes by email, please let us know so that we can take you off our post list, this will reduce our costs and help the planet! We are hoping to have all programmes emailed only by April 2021 so if you do have an email address please keep us updated so we can all try and save some money together! If you would prefer them printed we will still have copies available to collect within our Centre’s. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PERSONAL DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **What is your religion or belief?** | | | | | | | | No Religion  Christian Buddhist  Hindu  Jewish  Muslim Sikh Other | | | | | | | | | | | | | | | | | | | | | | | | |
| **How do you identify your sexuality?** | | | | | | | | Heterosexual (straight)Gay  Lesbian Bisexual  Prefer not to say  Other | | | | | | | | | | | | | | | | | | | | | | | | |
| **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 | | | | | | | | |
| **Do you claim any of the following benefits?** | | | | Attendance Allowance  Housing Benefit  Job Seekers Allowance  Campden Charities Grant  Employment Support Allowance  Pension Credit  Council Tax Reduction/Support  Income Support  Universal Credit  Personal Independence Payment  Disability Living Allowance  Carers Allowance  Tax Credits  Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Who do you live with?** | | | | With others  By myself | | | | | | | | **Employment:**  **Are you….** | | | | | | Retired/Pensioner  Employed Unemployed | | | | | | | | | | | | | | |
| **What Languages do you speak?** | | | | First Language :  ­­­­­­­­­­­­­ | | | | | | | |  | | | | | | Other Languages : | | | | | | | | | | | | | | |
| **Are you an unpaid carer?** | | | | Yes  No | | | | | | | | **Would you like to volunteer for Open Age?** | | | | | | .. if so in what capacity?  Eg. Admin, Trips, Café. Activities.. | | | | | | | | | | | | | | |
| **MEDICAL DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Tick any medical problems that your Doctor has diagnosed** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Had a fall in last 12 months | | | | | | | | | Heart condition | | | | | | | | | | | | | | COPD | | | | | | | | | |
| Rheumatoid Arthritis | | | | | | | | | High blood pressure | | | | | | | | | | | | | | Asthma | | | | | | | | | |
| Osteoarthritis | | | | | | | | | Low blood pressure | | | | | | | | | | | | | | Visual impairment | | | | | | | | | |
| Osteopenia | | | | | | | | | Diabetes | | | | | | | | | | | | | | Hearing impairment | | | | | | | | | |
| Osteoporosis | | | | | | | | | Stroke | | | | | | | | | | | | | | Dyslexia | | | | | | | | | |
| Back trouble | | | | | | | | | Epilepsy | | | | | | | | | | | | | | Dyspraxia | | | | | | | | | |
| Neck trouble | | | | | | | | | Neurological | | | | | | | | | | | | | | Learning difficulties | | | | | | | | | |
| Mobility issues | | | | | | | | | Migraine | | | | | | | | | | | | | | Emotional difficulties | | | | | | | | | |
| Hip replacement | | | | | | | | | Dementia | | | | | | | | | | | | | | Behavioral difficulties | | | | | | | | | |
| Knee replacement | | | | | | | | | Parkinson’s | | | | | | | | | | | | | | Mental ill health | | | | | | | | | |
| Shoulder replacement | | | | | | | | | Registered disabled | | | | | | | | | | | | | | Taking medications | | | | | | | | | |
| Do you have any other conditions?  If you have ticked more than one, which affects your ability the most? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **GP contact details:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of GP | | | |  | | | | | | | | | | | **Phone number** | | | | | | | | |  | | | | | | | | |
| Address | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **How did you first hear about Open Age?** | | | | Word of mouth Internet Newspaper/Newsletter  Library Housing services  Referred by Social Services Referred by GP/Health Services Adult Community Learning Guide  Referred by Link-Up Team  Referred by MCMW Referred by TFM  Referred by Men’s Group  Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DATA PROTECTION DECLARATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I understand that Open Age will log this information on a database so that our activity programmes, information about fundraising and other events can be sent in the post or by email to me unless I have opted out. The database will only be available to other providers for technical database operational and maintenance purposes. In an emergency, the information may also be used to make contact with the person nominated to inform them of the incident.  In line with GDPR please could you tick the relevant box to opt in or out of receiving future marketing relating to fundraising events and updates about Open Age by email or post? Opt in  Opt out  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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature | | | |  | | | | | | | | | | | | | | | | **Date** | | | | | | | |  | | | | |
| Office use only (tick when given to member) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Card |  | Programme | | | |  | | Staff/Volunteer initials | | | | | |  | | | | | | | Date | | | | |  | | | | | On database |  |