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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: [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  Note that all sections marked with an \*Asterix are mandatory fields. | | | | | | | | | | | | | | | |
| **\*First Name** | |  | | | | | **\*Surname** |  | | | | | | | |
| Gender | | **Male Female Other** | | | | | | | | | | | **\*DOB:** | | / / |
| **\*Address:** | |  | | | | | | | | | | | | | |
| \*Borough | |  | | | | | **\*Postcode:** |  | | | | | | | |
| \*Home phone: | |  | | | | | **\*Mobile:** |  | | | | | | | |
| \*Email Address: | |  | | | | | | | | | | | | | |
| \* If you have provided an email address you will automatically be added to our mailing system and receive our activity programme via email. If you do not have an email you may pick up a programme in one of our Centre’s or call us on 020 4516 9978 and we will post one. | | | | | | | | | | | | | | | |
| **EMERGENCY CONTACT DETAILS** | | | | | | | | | | | | | | | |
| **\*Name:** | |  | | | **\*Phone no:** |  | | | | | **\*Relationship:** | | | |  |
| 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 | | | | | | | | | | | | | | | |
| **personal details** | | | | | | | | | | | | | | | |
| **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** | Which languages do you speak?  First language Any other languages | | | | | | | | | | | | | | |
| **Who do you live with?** | With others  By myself | | | | | | | | | | | | | | |
| Carer information | Are you an unpaid carer?  Yes Do you receive Carer’s Allowance?  Yes  Who do you care for?  Partner/Spouse Parent Child Sibling Friend Other | | | | | | | | | | | | | | |
| Would you like to volunteer for Open Age? | .. if so in what capacity?  Eg. Admin, Trips, Café. Activities. | | | | | | | | | | | | | | |
| **MEDICAL DETAILS** | | | | | | | | | | | | | | | |
| **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. | | | | | | | | | | | | | | | |
| **GP contact details** | | | | | | | | | | | | | | | |
| Name & Address: |  | | | | | | | | **NHS No.** | | |  | | | |
| **Were you referred to us by any of the following?** | MCMW (My Care My Way) Social Services Housing services GP/Health Services    Community Mental Health Teams  Other Older Persons Charity  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 – Steady & Stable Open Age – Osteo Blast Open Age – Healthy Lungs | | | | | | | | | | | | | | |
| 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.  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.  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.  If you would like to receive future marketing relating to fundraising events and updates about Open Age by Email please opt in below:  Opt in  Opt out | | | | | | | | | | | | | | | |
| Signature |  | | | | | | | Date | | | | | |  | |