

**MEMBERSHIP FORM 2018-2019**

**Please complete and return this form by post or hand to our Head Office:**

**Open Age, St Charles’ Centre for Health & Wellbeing,**

**Exmoor Street, London, W10 6DZ T: 020 8962 4141**

**Charitable Incorporated Organisation No: 1160125**

**You can also hand the completed form to your tutor or staff at any of our other Open Age Centres, who will then provide you with your YELLOW membership card for 2018/19.**

**ACTIVITIES FOR**

**PEOPLE OVER 50**

**FREE MEMBERSHIP**

**WWW.OPENAGE.ORG.UK**

**To keep costs down, we are only able to post your new membership**

**card to you if you send us a SAE with this form. Thank you.**

**Please write in the spaces provided or tick/circle the answers which apply to you.**

**You don’t need to answer every question if you don’t want to. However, if you could, it will help us**

**to tailor what we do to your individual situation. This information is kept PRIVATE & CONFIDENTIAL.**

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| **Personal details *(Please complete in BLOCK CAPITALS)*** | | | | | | | | | | |
| Title | Dr. Mr. Miss. Ms. Mrs. | | | | | Date of Birth | | |  | |
| First Name |  | | | | | Surname | | |  | |
| **Gender** | Male | |  | Female | | | |  | Other |  | |
| Address |  | | | | | | | | | |
|  | | | | | | | | | | |
| Postcode | | Borough | | | | | Telephone | | | |
| Mobile | | | | | Email | | | | | |

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| **What is your religion or belief ?** | | | | | | | |
| No Religion |  | Christian |  | Buddhist |  | Hindu |  |
| Jewish |  | Muslim |  | Sikh |  | Other |  |

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| **What is your sexual orientation ?** | | | | | | | |
| Prefer not to say | | |  | Heterosexual | | |  |
| Gay |  | Lesbian | | |  | Bisexual |  |

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| **What is your ethnic origin ?** | | | | | | | | | |
| **ASIAN/ASIAN BRITISH** | | **BLACK/BLACK BRITISH** | | **MIXED** | | **WHITE** | | **OTHER** | |
| Bangladeshi |  | African |  | White & Asian |  | British |  | Arab |  |
| Indian |  | Caribbean |  | White & Black  African |  | Irish |  | Filipino |  |
| Pakistani |  | Other Black  background |  | Scottish |  | Iranian |  |
| Chinese |  | White & Black  Caribbean |  | Moroccan |  |
| Other Asian background |  |  | | Gypsy or Irish  Traveller |  | Other  Please specify |  |
| Other Mixed  Background |  |
|  | | Other White  Background |  |  |

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| **Health condition: Please tick or circle ONLY those answers which apply to you** | | | | | | | | | | | | | |
| None | | |  | | Osteoarthritis | | |  | Rheumatoid Arthritis | | |  | |
| Fall in the last 12 Months | | |  | | Mobility Issues | | |  | Asthma | | |  | |
| COPD | | |  | | Hearing Impairment | | |  | Visual Impairment | | |  | |
| Osteoporosis | | |  | | Osteopenia | | |  | Back trouble | | |  | |
| Neck Trouble | | |  | | Heart Condition | | |  | Parkinson’s Disease | | |  | |
| High Blood Pressure | | |  | | Low Blood Pressure | | |  | Hip replacement | | |  | |
| Knee replacement | | |  | | Shoulder replacement | | |  | Epilepsy | | |  | |
| Stroke |  | Dementia | | | |  | Mental Ill Health | | |  | Diabetes | |  |
| Migraine |  | Taking Medications | | | |  | Dyslexia | | |  | Dyspraxia | |  |
| Emotional Difficulties | | |  | Learning Difficulties | | | |  | Behavioural Difficulties | | | |  |
| Other… | | If you have ticked MORE THAN ONE, which affects your ability the most? | | | | | | | | | | | |

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| **Physical Activity Readiness** | | | | | | | | | | | | | | | | |
| 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. **I confirm that my participation in any exercise session is entirely at my own risk.** | | | | | | | | | | | | | | | | |
| Name of GP Surgery | | | |  | | | | | | Phone number | | |  | | | |
| Surgery address | | |  | | | | | | | | | | | | | |
| **Do you have a Social / Support worker ?** | | | | | | | | | | | | | | | | | |
| Yes |  | No | |  | | If so, what is their name? | | | | | | | | | | | |
| Where are they based? | | | | |  | | | | | | | | | | | | |
| **Who should we contact in case of an emergency ?** | | | | | | | | | | | | | | | | |
| Name | | | | | | | | | | | | | | | | |
| Home Number: | | | | | | | | | Mobile: | | | | | | | |
| Their relationship to you | | | | | | Partner/Spouse |  | Friend | | |  | Neighbour | |  | Relative |  |

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| **How did you first hear about us and our activities ?** | | | | | | | | | | | |
| Friend / word of mouth | | |  | Referred by Social Services |  | Internet | | |  | Newspaper / newsletter |  |
| Housing |  | Library |  | Referred by GP/ health services | | |  | Adult Community Learning Guide | | |  |
| If other, please write here…. | | | | | | | | | | | |

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| **Which benefits are you on ?** | | | | | |
| Attendance Allowance |  | Housing Benefit |  | Job Seekers Allowance |  |
| Campden Charities grant |  | Employment Support Allowance (ESA) |  | Pension Credit |  |
| Council Tax Reduction/Support |  | Income Support |  | Universal Credit |  |
| Personal Independence Payment |  | If other, please write here.. | | | |

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| **If you live in a Council, Housing Association or Sheltered Housing property, please write your landlord’s name below** |
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| **What languages do you speak ?** | | | |
| 1st Language |  | Others |  |

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| **Who do you live with ?** | | | |
| With others |  | By myself |  |

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| **Would you like to volunteer for Open Age?** | | | | |
| Yes |  | No |  | If so, in what way ? |

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| **Are you an unpaid carer ?** | | | |
| Yes |  | No |  |

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| **Employment : Are you ..** | | | | | |
| Retired/a pensioner |  | Employed |  | Unemployed |  |
| What were/are your previous or current occupation/s ?…. | | | | | |

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| **Are you registered disabled ?** | | | |
| Yes |  | No |  |

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| **How do you travel to our activities ?** | | | | | | | |
| Walk |  | Public transport |  | Taxi |  | Dial A Ride |  |
| Community Transport |  | If other, please write here…. | | | | | |

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| **Although Open Age membership is FREE, we would be grateful if you are able to make a donation to help cover our mailing and administration costs:**  Please make cheques payable to **OPEN AGE** and send with this form to: Open Age, St Charles Centre for Health & Wellbeing, Exmoor Street, London, W10 6DZ  **(Please DO NOT send cash in the post.)**  **£10🞎 £20🞎 £50🞎 Other £\_\_\_\_\_\_\_\_🞎**  You can also give online at: www.justgiving.com/open-age  Please tick this box if you would like to receive information about leaving a legacy in your Will for Open Age.  Please tick this box if you would like to receive information on setting up a regular Standing Order from your bank.  **🞎 🞎** |

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| By ticking this box, I assert that I am a UK taxpayer and would like Open Age (Charity Number 1160125) to class all donations and contributions to Open Age as Gift Aided. I understand that Open Age can reclaim 25p of tax for each £1 that I have given, and that I have paid, or will pay, UK Income Tax or Capital Gains Tax equal to the tax to be reclaimed in the appropriate tax year the donation has been made.  **🞎** |

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| **Data Protection Statement** | | | | | | | | | | | | | | |
| I understand that Open Age will log this information on a database so that marketing material including our activity programmes, information  about fundraising and other third party events and programmes can be sent in the post or by email to me. 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. I also understand the information provided may be used to create 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. Open Age will not disclose my individual personal information to third parties without first seeking my permission.  *If you are happy for Open Age to send you marketing material including activity information , please tick the relevant box.*  *By Post* 🞎 *By email* 🞎 | | | | | | | | | | | | | | |
| **Signature** | | |  | | | | | **Date** | | |  | | | |
| **Office use only** | | | | | | | | | | | | | | |
| **Card** |  | **Information** | |  | **Donation cash** |  | **Donation Chq** | |  | **Initials** | |  | **On Database** |  |

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| **Thank you sent, date & from which office** |  |