**If you require this form in larger print or need assistance with completing this application, please contact the CAPITAL Office on:
01243 869662**

**Opening Doors to Mental Wellbeing**

|  |
| --- |
| **CAPITAL Membership is open to anyone who uses or has used mental health services in West Sussex.** |
| I confirm **that I have used** Mental Health Services in West Sussex. **Please tick the box the confirm.**  |  |

|  |
| --- |
| **Please Print Your Full Name Below** |
|  |

|  |  |
| --- | --- |
| **Please Print FULL Postal Address, Including Postcode** |  |
| **Landline Number, Including Area Code** |  |
| **Mobile Number** |  |
| **Email Address** |  |

|  |
| --- |
| **Checkmark with solid fillPreferred Contact Method – Please Tick ONE Option**  |
| Landline – Call  |  | Mobile – Call  |  | Mobile – Text Message |  |
| Email – Message  |  |

**Emergency Contact Details – Please give us at least ONE contact to be used in the case of an emergency and this information will NOT be shared with any third parties.**

|  |
| --- |
| **Contact One** |
| **Please Print Full Name** |  |
| **Landline / Mobile Number** |  |
| **Relationship** |  |
| **Contact Two** |
| **Please Print Full Name** |  |
| **Landline / Mobile Number** |  |
| **Relationship** |  |

**Do you have any specific dietary requirements? (We supply lunches at our Locality and Quarterly Meetings) If YES, please specify below:
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you have any mobility issue or physical conditions we need to be aware of? Yes No**

**If YES, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**This will help us to support you and your needs appropriately, specifically with access to transport, venues and your general welfare.**

**I apply to become a member of CAPITAL Project Trust
(This is NOT an application for employment)**

|  |  |
| --- | --- |
| **Please Print FULL Name** |  |
| **Date of Birth (DD/MM/YYYY)** |  |
| **Signature** |  |
| **Date (DD/MM/YYYY)** |  |
| **How did you hear about us?** |  |
| **By signing this application, you agree to abide by the CAPITAL Project Trust Agreement (Enclosed) and its Policies and Procedures which can be seen at our Head Office (address above)** |

For Office Use Only – Ref. No: W / AAW / N

**Data Capture Form**

Our funders now require us to provide a breakdown of our members in the following categories: Gender, Age, Disability, Ethnicity, Religion or Belief and Sexual Orientation. We would therefore appreciate it if you could please complete the information below.

**Please be assured that the data captured will be held anonymously for your privacy.**

|  |  |
| --- | --- |
| **Gender** | **Checkmark with solid fillPlease Tick**  |
| **Female** |  |
| **Male** |  |
| **Other, Please Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |
| **Age Group** | **Checkmark with solid fillPlease Tick**  |
| **16-24** |  |
| **25-34** |  |
| **35-44** |  |
| **45-54** |  |
| **55-64** |  |
| **65-74** |  |
| **75-84** |  |
| **85+** |  |
| **Prefer Not to Say** |  |

|  |  |
| --- | --- |
| **Disability** | **Checkmark with solid fillPlease Tick**  |
| **Wheelchair User / Mobility Impairment** |  |
| **Dyslexia** |  |
| **Mental Health** |  |
| **Unseen Disability, e.g. Diabetes, Hard of Hearing** |  |
| **Asperger’s Syndrome / Autism**  |  |
| **Blind / Partially Sighted** |  |
| **Learning Disability** |  |
| **Need Personal Care / Support** |  |
| **No Disability** |  |
| **Other** |  |
| **Prefer Not to Say** |  |

|  |  |
| --- | --- |
| **Ethnicity**  | **Checkmark with solid fillPlease Tick**  |
| **WHITE** |
| **English / Welsh / Scottish / Northern Irish / British** |  |
| **Irish** |  |
| **Gypsy or Irish Traveller** |  |
| **Any Other White Background** |  |
| **Mixed / Multiple Ethnic Groups** |
| **White and Black Caribbean** |  |
| **White and Black African** |  |
| **White and Asian** |  |
| **Any Other Mixed / Multiple Ethnic Background** |  |
| **Asian / Asian British** |
| **Indian** |  |
| **Pakistani** |  |
| **Chinese** |  |
| **Bangladeshi** |  |
| **Any Other Asian Background** |  |
| **Other Ethnic Group** |
| **Arab** |  |
| **Any Other Ethnic Group** |  |
| **Prefer Not to Say** |  |

|  |  |
| --- | --- |
| **Religion** | **Checkmark with solid fillPlease Tick**  |
| **Agnostic** |  |
| **Atheist** |  |
| **Bahai** |  |
| **Buddhist** |  |
| **Chinese (Confucian or Taoist)** |  |
| **Christian** |  |
| **Hindu** |  |
| **Humanist** |  |
| **Japanese (Shinto)** |  |
| **Jewish** |  |
| **Muslim** |  |
| **Pagan** |  |
| **Rastafarian** |  |
| **Sikh** |  |
| **Spiritualist** |  |
| **Do Not Wish to Disclose** |  |
| **Other** |  |
| **None** |  |
| **Prefer Not to Say** |  |

|  |  |
| --- | --- |
| **Sexual Orientation** | **Checkmark with solid fillPlease Tick**  |
| **Heterosexual** |  |
| **Gay** |  |
| **Lesbian** |  |
| **Bisexual** |  |
| **Other Sexual Orientation** |  |
| **Unsure** |  |
| **Not Known** |  |
| **Prefer Not to Say** |  |
| **Other, Please Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |

**Thank you for completing the application form,**

**CAPITAL Project Trust**

**Thank you for taking the time to complete the application form,
CAPITAL Project Trust**