



MEMBERSHIP APPLICATION

If you require this form in larger print or need assistance completing this application, please contact us on **01243 869662** or **enquiries@capitalcharity.org**

CAPITAL Membership is open to anyone who uses or has used mental health services in West Sussex.

Please tick to confirm you have used Mental Health services in West Sussex

Please print your full name below:

Full address including post code

Landline phone number, including area code

Mobile number

Email address

Preferred contact method - please tick

Phone call (specify landline or mobile)

Text message

Email

Emergency Contact Details – Please give at least 1 contact to be used in the case of an emergency.

Contact 1

Please print full name

Landline / Mobile Number

Relationship

Contact 2

Please print full name

Landline / Mobile Number

Relationship

This information will NOT be shared with any third parties.

I apply to become a member of CAPITAL

(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 Agreement (enclosed) and its Policies and Procedures which can be seen at our Head Office (address above)

Do you have any mobility issues or physical conditions?

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.

Do you have any dietary requirements?

Yes	
No	
If yes please specify:	

We supply lunches at our locality and quarterly meetings

Data Capture Form

Our funders require us to provide information on our members in the following categories: Gender, Age, Disability, Ethnicity, Religion or Belief and Sexual Orientation. We would 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 – please tick	
Female	
Male	
Other, please specify:	
Age Group – please tick	
16-24	
25-34	
35-44	
45-54	
55-64	
65-74	
75-84	
85+	
Prefer not to say	

Disability – please tick	
Wheelchair user / Mobility impairment	
Dyslexia	
Mental health	
Unseen disability, e.g. Diabetes, Hard of hearing	
Asperger’s syndrome / Autism	
ADHD	
Blind / Partially sighted	
Learning disability	
Need personal care / support	
No disability	
Other	
Prefer not to say	

Ethnicity – please 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	
Agnostic	
Atheist	
Bahai	
Buddhist	
Chinese (Confucian or Taoist)	
Christian	
Hindu	
Humanist	
Japanese (Shinto)	

Jewish	
Muslim	
Pagan	
Rastafarian	
Sikh	
Spiritualist	
Spiritual	
Other	
None	
Prefer not to say	

Sexual Orientation – please tick	
Heterosexual	
Gay	
Lesbian	
Bisexual	
Other sexual orientation	
Not Known	
Prefer not to say	
Other, please specify:	

Thank you for completing the CAPITAL Membership application form

Please return to our office or email:

Safe Haven, 32 Sudley Road, Bognor Regis, West Sussex, PO21 1ER

enquiries@capitalcharity.org

We will contact you soon.

Any questions?

*Please email **enquiries@capitalcharity.org***

*Or phone us on **01243 869662***