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**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***

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| **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 |  |

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| **Please print your full name below:** |
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|  |  |
| --- | --- |
| Full address including post code |  |
| Landline phone number, including area code |  |
| Mobile number |  |
| Email address |  |

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| **Preferred contact method - please tick** |
| Phone call (specify landline or mobile) |  |
| Text message |  |
| Email  |  |

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| **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.* |

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| **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)* |

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| **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.*  |

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| **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.*

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

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| **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** |  |

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| **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** |  |

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| **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** |  |

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| **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** |  |

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| **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***