

# LETHAM 4 ALL SCIO

## NEW MEMBER FORM



PLEASE PRINT YOUR INFORMATION CLEARLY

Title:	Address:	
First Name:		
Surname:	Town:	Postcode:
Known As:	Date of Birth:    /    /	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Home Tel:	Mobile Tel:	Email:
Emergency Contact:		Contact Tel:

### YOUR JOURNEY TO US

How did you find out about Letham 4 All? _____
Were you referred to Letham 4 All by another organisation? <input type="checkbox"/> YES <input type="checkbox"/> NO
If so, which organisation? _____

### WHICH OF THE FOLLOWING IS YOUR MAIN REASON FOR JOINING LETHAM 4 ALL?

- ☐ Further Education/Training    ☐ Want to improve things in Letham\North Perth  
☐ Use my spare time well    ☐ Increase confidence    ☐ Help me into paid work/education  
☐ Help learn new skills    ☐ Improve my health    ☐ Meet new people    ☐ Other: \_\_\_\_\_

### EQUALITY & DIVERSITY INFORMATION

Please select which age category you belong to:

- ☐ 14-18    ☐ 19 – 24    ☐ 25 – 34    ☐ 35 – 44    ☐ 45 -54    ☐ 55 – 64    ☐ 65+

Which of these best describes your ethnic group?

- ☐ White Scottish    ☐ White Other British    ☐ White Irish    ☐ White Other  
☐ Asian Bangladeshi    ☐ Asian Chinese    ☐ Asian Indian    ☐ Asian Pakistani  
☐ Asian Other    ☐ Black African    ☐ Black Caribbean    ☐ Black Other  
☐ Mixed Background    ☐ Not Supplied    ☐ Other: \_\_\_\_\_

### Helping us plan activities to support people in our community

Please tick which issues that affect people in our community you think we should develop activities to support.

	YES	NO	Ideas for types of activities
Disability	<input type="checkbox"/>	<input type="checkbox"/>	
Mental Health Condition	<input type="checkbox"/>	<input type="checkbox"/>	
Other Health Condition	<input type="checkbox"/>	<input type="checkbox"/>	
At risk from suicide or self-harm	<input type="checkbox"/>	<input type="checkbox"/>	
Risk of violence or harm to others	<input type="checkbox"/>	<input type="checkbox"/>	
Offending (past or present)	<input type="checkbox"/>	<input type="checkbox"/>	
Substance misuse	<input type="checkbox"/>	<input type="checkbox"/>	
Protecting children and supporting parents and families	<input type="checkbox"/>	<input type="checkbox"/>	
Young people	<input type="checkbox"/>	<input type="checkbox"/>	
Older people	<input type="checkbox"/>	<input type="checkbox"/>	

### PROMOTING OUR WORK

We may need to give examples of the people we work with and how our services and volunteering have impacted on their lives, to enable us to maintain or create new projects.

Do you give Letham 4 All SCIO permission to use your membership journey as a case study in this way?

☐ YES ☐ NO

If yes,

- With use of my personal details ☐
- OR
- Without use of my personal details ☐

I hereby give permission for images taken at events and activities within Letham 4 All SCIO and that I may appear in to be used, where appropriate, for social media and publicity purposes. I also agree for you to use the information I have given to contact me , through my email, telephone, mobile phone , including text messages

Signature: \_\_\_\_\_ Date:    /    /

### DATA PROTECTION AND DECLARATION

The above information will be entered onto Letham 4 All Scio database, it will be kept and used in accordance with the principles of the EU General **Data Protection** Regulation (GDPR).

I agree to follow to the guidelines of Letham 4 All SCIO and respect the privacy of other members.

Signature: \_\_\_\_\_ Date:    /    /

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**LETHAM 4 ALL USE ONLY:**

**Information updated:**     /     /

**Team Member Initial:** \_\_\_\_\_