

### MEMBERSHIP FORM

TITLE: Mr  Ms  Mrs  Miss  Other .....

INITIALS: .....

FIRST NAME: .....

FAMILY NAME: .....

ADDRESS: .....

.....

.....

.....

POSTCODE: .....

DATE OF BIRTH: .....

HOME TELEPHONE NUMBER: .....

WORK TELEPHONE NUMBER: .....

MOBILE TELEPHONE NUMBER: .....

FAX NUMBER: .....

EMAIL ADDRESS: ..... @ .....

**DO YOU WISH TO RECEIVE INFORMATION ABOUT HAFAD CURRENT SERVICES?**

Yes  No

**HAFAD PRODUCES A BI-MONTHLY BULLETIN. WOULD YOU LIKE TO RECEIVE THIS?**

Yes  No

in which format? (tick as appropriate)

Print  Large print  Tape  CD  Braille  Email

**ARE YOU JOINING AS A REPRESENTATIVE OF AN ORGANISATION?**

Yes  No

If Yes, please state

Organisation name: .....

Address: .....

.....

Postcode: .....

---

HAFAD is committed to making sure that all information is treated with respect and that HAFAD's service users, employees, management committee members and volunteers can trust the organisation to preserve confidentiality.

HAFAD understands confidentiality to mean that no information regarding a service user shall be given directly or indirectly to any third party that is external to the organisation, without that service user's prior express consent to disclose such information.

HAFAD is committed to providing a confidential service to its users and believes the principles of confidentiality must be integrated across all aspects of service and management.

HAFAD is registered under the Data Protection Act 1998. This information will be kept on a secure database.

---

Please return completed form in the enclosed FREEPOST envelope to HAFAD

The Greswell Centre  
Greswell Street  
London SW6 6PX



**PLEASE GIVE DETAILS OF ANY ALLERGIES/FOOD RESTRICTIONS INCLUDING RELIGIOUS, CULTURAL OR MEDICAL REASONS (WE DO PROVIDE A TUCK SHOP)**

.....  
.....  
.....

**HAVE YOU EVER HAD A ONE TO ONE SUPPORT WORKER?**

If Yes, please give details Yes  No

.....  
.....

**WILL YOU NEED MOVING OR TRANSFER SUPPORT?**

If Yes, please provide an Assessment Yes  No

**PLEASE TICK THE FOLLOWING THAT APPLY**

Do you need support at meal times? Yes  No

Do you need support with personal care (eg toilet)? Yes  No

**DO YOU HAVE A SOCIAL WORKER?**

Yes  No

If Yes, Social worker's name .....

Social worker's telephone number .....

**PLEASE TICK THE BOXES BELOW TO SHOW WHERE YOU GIVE PERMISSION TO DO THE FOLLOWING:**

To go on outings accompanied by a member of staff  
Yes  No

To use public transport with a member of staff (ie, bus, underground)  
Yes  No

To leave the premises unaccompanied by a member of staff  
(If you give permission then HAFAD will not be responsible for the young person whilst off the site) Yes  No

**WHAT SCHOOL DO YOU GO TO?**

.....  
**DO YOU HAVE A STATEMENT OF EDUCATIONAL NEEDS?** Yes  No

**PUBLICITY**

From time to time HAFAD and Partner Agencies may use photographs of members for publicity.

If you DO NOT consent to publicity please tick No

**DATA PROTECTION**

This provision is contracted by LBH&F Youth Services and is delivered with Partner Agencies. All offered services to young people at HAFAD will require the submission of your details into an online management system in order to manage the information on your registration form.

**SIGNATURE OF PARENT/GUARDIAN** .....

**Date** .....

---

---

**THIS SECTION FOR OFFICE USE ONLY**

Form received at Youth Service .....

Age on joining date .....

Mailing list    Holiday Programme (11-25)                       After School Club (11-16)   
   Hafad Youth Club (13-25)   

Youth Service follow up staff name .....

Phone Parents/Guardian date .....

Date of Profile meeting .....

First date of attendance to Project .....

## **MONITORING FORM - EQUALITIES STATEMENT**

---

**HAFAD recognises that in society individuals and groups continued to be discriminated against, both directly and indirectly, as a result of procedures which intentionally or unintentionally disadvantage certain groups. HAFAD is committed to being an equal opportunities employer, decision maker and service provider. We understand that power in our society is not held equally and that people are discriminated against. HAFAD will always seek to ensure the elimination of individual and institutional discrimination on whatever grounds, both within HAFAD and in all areas of our work. HAFAD purpose is to promote the fullest integration of disabled people and encourage our participation in society. HAFAD believes the disability is primarily a social, environmental and economic experience.**

**DO YOU USE?** Sign language  BSL  Lipspeaker  SSE   
Dial-a-ride  Loop  Taxicard   
If other support needs, please state

.....

### **DO YOU CONSIDER YOURSELF TO BE A DISABLED PERSON?**

Yes  No

### **DO ANY OF THE FOLLOWING APPLY TO YOU?**

Wheelchair user	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Mobility impaired	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Blind or Visually impaired	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Deaf or Hearing impaired	Yes <input type="checkbox"/>	No <input type="checkbox"/>
HIV/AIDS	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Learning disabilities	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Mental health service user	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Any other impairment	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you ticked Yes to any other impairment, please give details

.....  
.....

**WHAT IS YOUR GENDER?**

Male

Female

**I WOULD DESCRIBE MY ETHNIC ORIGIN AS (in line with Local Authority requirements):**

White British	<input type="checkbox"/>	Other Asian Background	<input type="checkbox"/>
White Scottish	<input type="checkbox"/>	Tamil - Indian	<input type="checkbox"/>
White Welsh	<input type="checkbox"/>	Tamil – Sri Lankan	<input type="checkbox"/>
Lithuanian	<input type="checkbox"/>	Black Caribbean	<input type="checkbox"/>
White Irish	<input type="checkbox"/>	Black African	<input type="checkbox"/>
Other White background	<input type="checkbox"/>	Other Black Background	<input type="checkbox"/>
Turkish	<input type="checkbox"/>	Black Somali	<input type="checkbox"/>
White European	<input type="checkbox"/>	Black Congolese	<input type="checkbox"/>
Traveller of Irish Heritage	<input type="checkbox"/>	Black Nigerian	<input type="checkbox"/>
Traveller	<input type="checkbox"/>	Black British	<input type="checkbox"/>
Albanian	<input type="checkbox"/>	Ghanaian	<input type="checkbox"/>
Bosnian-Herzegovinian	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Croatian	<input type="checkbox"/>	Other	<input type="checkbox"/>
Greek	<input type="checkbox"/>	Kurdish	<input type="checkbox"/>
Greek Cypriot	<input type="checkbox"/>	Filipino	<input type="checkbox"/>
Turkish Cypriot	<input type="checkbox"/>	Latin/South/Central American	<input type="checkbox"/>
White Eastern European	<input type="checkbox"/>	Japanese	<input type="checkbox"/>
Serbian	<input type="checkbox"/>	Iraqi	<input type="checkbox"/>
Kosovan	<input type="checkbox"/>	Iranian	<input type="checkbox"/>
Portuguese	<input type="checkbox"/>	Moroccan	<input type="checkbox"/>
Italian	<input type="checkbox"/>	Korean	<input type="checkbox"/>
White Western European	<input type="checkbox"/>	Sri Lankan	<input type="checkbox"/>
Gypsy/Roma	<input type="checkbox"/>	Black Irish	<input type="checkbox"/>
Polish	<input type="checkbox"/>	Middle Eastern Background	<input type="checkbox"/>
White Not Known	<input type="checkbox"/>	Afghan	<input type="checkbox"/>
White and Black Caribbean	<input type="checkbox"/>	“Confirm with Client Please”	<input type="checkbox"/>
White and Black African	<input type="checkbox"/>	Not Known	<input type="checkbox"/>
White and Asian	<input type="checkbox"/>	Refused	<input type="checkbox"/>
Other Mixed Background	<input type="checkbox"/>	Arab	<input type="checkbox"/>
Malaysian	<input type="checkbox"/>		
Vietnamese	<input type="checkbox"/>		
Indian	<input type="checkbox"/>		
Pakistani	<input type="checkbox"/>		
Bangladeshi	<input type="checkbox"/>		

**WHAT IS YOUR FIRST LANGUAGE:**