**Membership Application Form**

**MEMBER DETAILS**

Please complete this membership form in **BLOCK CAPITALS** and as fully as possible

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Title (e.g. Mr. Mrs. Ms. etc.)** | **First Name** | | | | | | | | **Surname** | | | | | | | | |
| **Address** | | | | | | | | | | | | | | | **Postcode** | | |
| **Email(s)** | | | | | | | | | | | | | | | **Date of Birth** | | |
| **Home Telephone** | | | | | | | | **Mobile** | | | | | | | | | |
| **Where did you first hear about Promise Inclusion? (please circle)** | | | | | | | | | | | | | | | | | |
| Council Referral | | | | Member Recommendation | | | Website | | | | | | Social Media | | | | |
| Event | | | | Other (please state) | | |  | | | | | |  | | | | |
| **What are your main reasons for joining Promise Inclusion**? **(please circle all that apply)** | | | | | | | | | | | | | | | | | |
| Carers Groups/Events | | | | | Information, advice and support | | | | | | | Clubs | | | | | |
| Other (please state) | | | | | | | | | | | | | | | | | |
| Promise Inclusion take data privacy very seriously. We undertake to store your data securely. We will not sell or pass on your personal details to other third party organisations or charities for them to use for their own marketing purposes. If your details change or you would like to update your communication preferences please contact admin@wokinghammencap.org or write to us at The Court House, Broadway, Town Square, Bracknell RG12 1AE.  **Communication preferences (please circle all that apply):**  **I am happy to receive:** | | | | | | | | | | | | | | | | | |
| Newsletter and Mailings | | Information about events and workshops | | | | Information about volunteering/fundraising | | | | Information about campaigns and consultations | | | | | | Information about support | |
| **I am happy to be contacted via (please circle all that apply):** | | | | | | | | | | | | | | | | | |
| Email | | | Telephone | | | | | Text | | | | | | Post | | | |
| To raise awareness of learning disability and promote the work of Promise Inclusion, we need to take photographs of our activities and services. During the activity/session/event **Authorised** Personnel may take photographs to be used for promotional purposes. These may be used in our newsletter, in a leaflet or poster, on a display board, on our website, social media or in the local press. **Please circle the appropriate answer to indicate whether you give permission for photographs to be taken & used to support Promise Inclusion’s work.** | | | | | | | | | | | **Yes,** I give permission for photographs to be taken and used for promotion including on the charity’s website and social media | | | | | | **No,** I do not give permission for photographs to be taken and used for promotion |

**EQUALITY AND DIVERSITY**

Promise Inclusion is committed to ensuring that its services are accessible to everyone. The information you give on this form will help us comply with our policy of ensuring equality in our services to you.

As this information is personal completion of this section of the membership application form is optional.

You do not have to complete this section but it will help us improve our services if you can complete as much as possible. All information Promise Inclusion collects will be treated confidentially in accordance with the General Data Protection Regulation (GDPR)

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Gender** | | Male | | | Female | | | | | Transgender | | | | Other | | | | | Prefer not to say | | |
| **What is your ethnicity? (please circle your reply)** | | | | | | | | | | | | | | | | | | | | | |
| **White** | | British | | | | | Irish | | | European | | | | | | Gypsy/Traveller | | | | Other | |
| **Mixed** | | | White & Black Caribbean | | | | | | White & Black African | | White & Asian | | | | | | | Other | | | |
| **Black or Black British** | | | | Caribbean | | | | | | African | | | | | | | Other | | | | |
| **Asian or Asian British** | Indian | | | Pakistani | | | | Bangladeshi | | Chinese | | Japanese | | | | | Nepalese | | | | Other |
| **Other** | | | | Arab | | | | | | Other | | | | | | | Prefer not to say | | | | |
| **Are you a disabled person? (please circle your reply)** | | | | | | | | | | Yes | | | No | | | | Prefer not to say | | | | |
| **If you are a disabled person, please tell us which of the following impairment groups apply to you. You may circle more than one option.** | | | | | | | | | | | | | | | | | | | | | |
| Visual Impairment | | | | Physical Impairment | | | | | | Deaf/British Sign Language User | | | | | | | Hearing Impairment | | | | |
| Mental health/mental distress issues | | | | Learning Difficulties | | | | | | Neurodiverse | | | | | | | Long term health condition/hidden impairment | | | | |
| Other (please state) | | | | | | | | | | | | | | | | | | | | | |
| **Access needs: (you may circle more than one option)** | | | | | | | | | | | | | | | | | | | | | |
| Step-free access | | | | | | Wheelchair Accessible | | | | | | | | | Blue Badge Parking | | | | | | |
| English as second language | | | | | | | Help completing form | | | | | | | | | Other (please state) | | | | | |

**DISABLED PERSON DETAILS (if different from member details)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Title (e.g. Mr. Mrs. Ms. etc.)** | **First Name** | | | | | | | | | **Surname** | | | | | | | | |
| **Address** | | | | | | | | | | | | | | | **Postcode** | | | |
| **Email(s)** | | | | | | | | | | | | | | | **Date of Birth** | | | |
| **Home Telephone** | | | | | | | | | **Mobile** | | | | | | | | | |
| **Emergency Contact:** | | **Name** | | | | | | | | **Contact Number** | | | | | | | | |
| **Gender (please circle)** | | | Male | | | | Female | Transgender | | | | Other | | | | Prefer not to say | | |
| **Diagnosis/Nature of Disability** | | | | | | | | | | | | | | | | | | |
| **Do they have a physical disability? (please circle)** | | | | Yes (please provide details) | | | | | | | | | | | | | | No |
| **Access needs: (you may circle more than one option)** | | | | | | | | | | | | | | | | | | |
| Step-free access | | | | | Wheelchair Accessible | | | | | | | | Blue Badge Parking | | | | | |
| English as second language | | | | | | Help completing form | | | | | | | | Other (please state) | | | | |
| To raise awareness of learning disability and promote the work of Promise Inclusion, we need to take photographs of our activities and services. During the activity/session/event **Authorised** Personnel may take photographs to be used for promotional purposes. These may be used in our newsletter, in a leaflet or poster, on a display board, on our website, social media or in the local press**. Please circle the appropriate answer to indicate whether you give permission for photographs to be taken & used to support Promise Inclusion’s work.** | | | | | | | | | | | **Yes,** I give permission for photographs to be taken and used for promotion including on the charity’s website and social media | | | | | | **No,** I do not give permission for photographs to be taken and used for promotion | |

**PAYMENT**

Annual Membership of Promise Inclusion is £15.00

Payment is due upon joining and thereafter annually on the 1st January.

Payment can be made by cash, by cheque made payable to **Promise Inclusion Limited** ordirectly into our bank account (details below)

**BANK DETAILS**

Name of Account: **Promise Inclusion Limited**

Account Number: **03839646**

Sort Code: **30-91-11**

|  |  |  |  |
| --- | --- | --- | --- |
| **I have paid by initial membership fee by:**  **(please circle your reply)** | Cash (enclosed) | Cheque (enclosed) | Bank Transfer (date) **\_** |

**CHARITY GIFT AID DECLARATION – MULITPLE DONATIONS**

**Boost your donation by 25p of Gift Aid for every £1 you donate**

Gift Aid is reclaimed by the charity from the tax you pay for the current tax year. Your address is needed to identify you as a current UK taxpayer.

**In order to Gift Aid your donation you must tick the box below:**

**🞏** I want to Gift Aid my donation of £ and any donations I make in the future or have made in the past 4 years to:

**Name of Charity \_**

I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference.

**My Details:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Title (e.g. Mr. Mrs. Ms. etc.)** | **First Name** | **Surname** | |
| **Address** | | |  |
| **Postcode** | | |  |

Signature:  Date: :

**Please notify Promise Inclusion if you:**

1. Want to cancel this declaration
2. Change your name or home address
3. No longer pay sufficient tax on your income and/or capital gains.

If you pay Income Tax at the higher or additional rate and want to receive the additional tax relief due to you, you must include all your Gift Aid donations on your Self Assessment tax return or ask HM Revenue and Customs to adjust your tax code.