

# Wolverhampton LINK Membership Form

Wolverhampton LINK is setting up a database of members if you would like to become a member please complete this form. If you would like help to complete the form please call the LINK office Tel No 01902 328973.

**Who Can Become a Member?**

There are two types of membership:

**Individual Membership** - is open to:

Residents of Wolverhampton; Anyone living outside the City but being registered with a Wolverhampton G.P.; Individuals whose predominate service use is in Wolverhampton and Relatives or Carers of Individuals living in Wolverhampton.

**Group Membership** - is open to:

Any voluntary or business organisation which operates in the City of Wolverhampton. Organisations are required to identify their named representative on the application form.

**1) Please complete this Membership Form**

In what Capacity are you registering?

Individual

Organisation

If Group/Organisation which organisation do you represent and who is your Named Representative?

.....

Please give details of other groups/organisations that you represent?

.....

How did you hear about LINKs? .....

Have you been involved with having a say about health and social care services before?

Yes

No

If **yes** please state which services? .....

.....

**Please ✓ your areas of interest in Health and Social Care?**

Ambulance or Patient Transport  Physical Disability

Mental Health  Hospital & Specialist

Public Health Information  Chronic & Continuing Care

Social Care (ie Nursing Homes, Nursing Support, Domiciliary Care, Residential Care, Day Care)  Royal Wolverhampton Hospital Trust (RWHT)(New Cross Hospital)

BME (Black and minority ethnic)  New Health Buildings

Primary Care Trust (PCT)  Young People

Substance Misuse  Older People

Learning Disabilities  Carers

Sensory Disabilities  G.Ps

Other  please provide details.....

.....

Please use this space to tell us more about your areas of interest.

.....  
.....

**2) Personal Details**

Title: ..... First Name: .....

Last Name:.....

Address: .....

.....

Town/City: ..... PostCode: .....

Email Address: .....

Tel No: ..... Mobile No: .....

**Please ✓ the ways you would like to be contacted**



By post



By phone



Email



Text

**3) Individual Requirements** (Please note you do not have to complete this section)

**Completing section 3 will help us to meet your needs as effectively as possible.**

**Communication**

**Text**

Large Print

Magnifier

Braille

Audio

Please provide details .....

.....

**Hearing**

BSL/SEE Interpreter  Infrared Systems  Induction Loop

Deaf Blind Interpreter  Speech to text reporter  Lip Speaker

Please provide details .....

.....

**Do you have anyother individual requirements? (if yes please provide information below)**

Yes  No

Please provide details .....

.....

**Language**

Translation of documents  Interpreter Service   
CD Format (spoken in language of choice)  Pictorial   
(Writing with pictures)

Which Language .....

**Mobility**

We will ensure that all of our meetings are held at accessible venues, if you have a mobility requirement please explain below:

.....  
.....

**4. Dietary**

Vegetarian  Lactose Free  Wheat Free  Gluten Free   
Vegan  Diabetic  Non-Veg  Halal  Allergies

Please provide details  
.....  
.....

**Carer**

Do you care for someone? Yes  No

If **yes** you are entitled to reimbursements in childcare and carer expenses.

Please provide details .....

**5. Equal Opportunities Information**

Completing this section will help us to check that we are including a wide range of people from across Wolverhampton.

**Gender**

Male  Female  Transgender

**Age**

16-24  25-44  45-59  60-74  75+

**Disability**

**Do you consider yourself disabled?**

Yes  No

**6. Ethnicity**

**How would you describe your ethnicity?**

**White**

- British
- Irish
- Traveller/Romany
- Eastern European
- Any other white background

**Mixed**

- White & Black Caribbean
- White & Black African
- White Asian
- Any other mixed background

**Asian or Asian British**

- Indian
- Pakistani
- Bangladeshi
- Any other Asian Background

**Black or Black British**

- Caribbean
- African
- Any other Black Background

**Chinese or Other ethnic group**

- Chinese
- Any other ethnic group

**Declaration of Interest/data protection permission**

I understand that my personal details will be kept on the Wolverhampton LINK database. This information will be confidential to Wolverhampton LINK. Wolverhampton LINK is committed to data protection. Information will not be forwarded to third parties without permission of the LINK member.

**You have the right to ask for your details to be taken off the database at anytime.**

**Please ✓ if you agree/disagree the following:**

I confirm the information given on this membership form is true and agree to my information being held on the LINK database. Yes  No

Sign: ..... Date: .....

By signing this form I agree my name will be added to the LINK Database and I will receive a regular LINK Newsletter, information about forthcoming meetings, events and consultations held by LINK and other Health and Social Care groups and organisations.

**Thank you for taking time to complete this membership form. Please return to:**  
**Wolverhampton LINK, Wolverhampton Voluntary Sector Council,**  
**FREEPOST MID14051**  
**16 Temple Street**  
**Wolverhampton, WV2 4BR**

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