

Healthwatch Havering Membership Application Form

Who can join and what does it mean?

Healthwatch Havering is an independent body working to make local health and social care services better.

Complete and return this form to become a member of Healthwatch Havering and receive regular updates about what is happening in Havering. You will also be able to take an active part in what Healthwatch Havering does. This form also asks what interests you and how you would like to be involved in Healthwatch Havering. There are some regular volunteering options which offer scope in leadership.

Membership is open to individual local people who live or work in Havering or care for someone in Havering. We also welcome local voluntary organisations as supporters.

If you need any help with this form or need alternative formats, please contact us on 01708 303300 or email enquiries@healthwatchhavering.co.uk

About you

Your name:		Title:	
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In what capacity are you registering with Healthwatch Havering:

Individual	<input type="checkbox"/>	or	Representing a voluntary group <i>(we will hold one nominated contact per group)</i>	<input type="checkbox"/>
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If voluntary/community group representative, what is the name of the group you are involved in?

Your organisation's name:	
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Your contact details

Address:			
	Post code:		
Email address:			
Telephone no.		Best time to contact:	
Mobile telephone no.			
Occupation If retired or you are unemployed please state your former occupation as well	Current Occupation	Former Occupation (If Applicable)	
Are you an employee of either the NHS or a Local Authority	Yes, please give details.	No	

Healthwatch Havering defines a volunteer is a person who works in the health or social care sector and a lay member is someone who does not, although in practice that makes no difference to the role you can play. You will be assigned to a category depending on your current occupation. All volunteer/lay members who carryout Enter & View visits will be required to undergo a Disclosure & Barring Service (DBS) and induction training.

Communication

Please tick the method you would prefer us to use to contact you

By post By phone Email

Please tell us about any communication requirements you have e.g. large print text, sign language

Please tick services or groups of service users that you relate to or that interest you:

Health Services

Ambulance or patient transport	
Accident and emergency care	
Community health services (eg district nursing)	
Dentists	
Drug and alcohol services	
GP services	
Health services for children and young people	
Health promotion/ public health	
Health visiting service	
Hospital services	
Learning disability services	
Maternity services	
Mental health services	
Occupational therapy & specialist equipment	
Opticians	
Out of hours care	
Palliative/end of life care	

Pharmacy	
Physiotherapy	
Physical or sensory impairment services	
Podiatry (feet)	
Policy Reader	
Sexual health	
Speech and language therapy	

Social care services:	
Day care	
Help at home	
Policy Reader	
Services for people who care for others	
Residential care (care homes)	
Respite care	
Services for young people	
Quality, Safety and Risk	

Any other health or social care service or group of service users (please say):

Data protection statement

I understand that my personal details will be kept on the Healthwatch Havering database. This information will be treated as confidential. Information will not be forwarded to third parties without your permission.

I confirm that the information given on this form is true and I agree to my information being held on databases and paper files for the purposes of Healthwatch Havering. For electronic applications please type yes in the box below.

Signed

	Date	
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By becoming a member of Healthwatch Havering you will receive regular information about the development of Healthwatch Havering e.g. newsletters, information about forthcoming meetings, events and consultations and relevant information from other health and social care organisations.

Please return this form by post to **Freepost HEALTHWATCH HAVERING**

Or deliver it by hand to:

Healthwatch Havering
Queen's Court
9-17 Eastern Road
Romford RM1 3NH

Telephone: 01708 303300

Electronic Form to be returned to bev.markham@healthwatchhavering.co.uk
Additional forms can be downloaded via our website: www.healthwatchhavering.co.uk

Equality of Opportunity

Healthwatch Havering believes that it is in the organisations' interests and those who work for it to be committed to the use, development and retention of the full range of skills and talents, and will work to provide an environment in which everyone has the opportunity to contribute and develop.

To help us to find out how far we are succeeding in providing equal access and opportunity, we need the information detailed below. You are, therefore, requested to complete the monitoring information and return it with your application.

I would describe myself as (please tick as appropriate)

White

- British
- Irish
- Any other white background Please specify
- White & Asian
- Any other mixed background. Please specify

Chinese or other ethnic Group

- Chinese
- Any other ethnic background. Please specify

Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background. Please specify

Black or Black British

- Caribbean
- African
- Any other background. Please specify

Age Group

- 16 - 20
- 21-25
- 26-35
- 36-45
- 46-55
- 56-59
- 60 and over

Disability/Special Needs

Do you consider you have a disability? Yes No

Faith/Religion

- Sikh
- Buddhist
- Any other please specify
- Christian
- Muslim
- Hindu
- Jewish

Gender

- Male Trans Man
- Female Trans Woman

Sexual Orientation

- Lesbian Bisexual Heterosexual Woman Gay Man Heterosexual Man Any other

Are you currently?

- Employed Unemployed

How did you learn about this volunteer position?

- Local Newspaper Healthwatch Havering website Local Library Care Point

Other, please specify

