

REGISTRATION FORM

Gloucestershire Local Involvement Network (LINK)

DATA PROTECTION

The personal details you provide will be held by Gloucestershire Rural Community Council on behalf of the Gloucestershire Local Involvement Network (LINK) and will not be passed onto any third party or used for any purpose other than involving you in the LINK, without your permission.

Please indicate your preferred membership type: *(see guidance notes for details)*

- Individual
- Community Group or Organisation

Please indicate your preferred level of engagement *(see guidance notes for details)*

- I wish to become an Active Member
- I wish to become a Participant

CONTACT DETAILS

Title & Full Name

Group/organisation name (if applicable)

Mailing address (including postcode)

Telephone number

Email

DISTRICT

- | | | |
|-------------------------------------|---|-------------------------------------|
| <input type="checkbox"/> Cheltenham | <input type="checkbox"/> Forest of Dean | <input type="checkbox"/> Stroud |
| <input type="checkbox"/> Cotswold | <input type="checkbox"/> Gloucester | <input type="checkbox"/> Tewkesbury |

WHAT ARE YOU INTERESTED IN?

Please tick the ones that apply to you (you can tick more than one box)

SERVICES

NHS:

- Community health services, GPs, dentistry, pharmacy services and opticians
- Hospital services
- Mental health hospital services
- Ambulance and patient transport services

Social Care:

- Carer support services
- Adult learning disability services
- Older people's services
- Services for people with physical disabilities
- Sensory services

Services provided jointly by Health and Social Care:

- Hospital discharge (leaving hospital after a stay)
- Mental health (community services)
- Intermediate Care Rehabilitation (help coming out of or staying out of hospital)
- Residential & Nursing Care Homes

INTEREST GROUPS

- Older people
- Children & young people
- Carers
- Physical disabilities
- Sensory impairment
- Learning disabilities/difficulties
- Mental health
- Black & Minority Ethnic groups

Other area(s), please state

HOW CAN WE HELP YOU TAKE PART IN THE LINK?

Text requirements

- Large print
- Audio
- Magnifier
- Braille

Hearing requirements

- BSL/SEE Interpreter
- Deaf Blind Interpreter
- Infrared systems Induction Loop
- Speech to text reporter
- Lip Speaker

HOW CAN WE HELP YOU (CONTINUED)

Language

- Translation of documents Interpreter Service

Which language, please state:

Literacy & Numeracy

- Assistance with reading & writing (Literacy) Assistance with numbers (Numeracy)

Care support

- Do you require support for a person you care for to enable you to participate?
 Do you need someone to come with you to meetings and events in a caring capacity?

Please provide details:

Transport/access issues

Please provide details:

Other special requirements

Please provide details:

ADDITIONAL INFORMATION

How did you hear about Gloucestershire LINK? (tick all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> LINK website | <input type="checkbox"/> Local press editorial | <input type="checkbox"/> Email |
| <input type="checkbox"/> LINK leaflet/flyer | <input type="checkbox"/> Local press advertising | <input type="checkbox"/> Text alerts |
| <input type="checkbox"/> LINK host (GRCC) | <input type="checkbox"/> Radio advertising | <input type="checkbox"/> Word of mouth |
| <input type="checkbox"/> LINK members | <input type="checkbox"/> Radio interviews | |
| <input type="checkbox"/> LINK events | <input type="checkbox"/> Newsletter | |

Other, please state

How do you wish to be contacted? (tick all that apply)

- | | |
|------------------------------------|---------------------------------------|
| <input type="checkbox"/> Telephone | <input type="checkbox"/> Newsletter |
| <input type="checkbox"/> Email | <input type="checkbox"/> Face to face |
| <input type="checkbox"/> Post | |

PLEASE TURN OVER THE PAGE

YOUR SIGNATURE

Please sign either Section A or Section B below.

A: If you are completing this form as an individual, please sign here:

I can confirm that the information given on this membership form is true

Individual member

Signature: _____ Date: _____

B: If you are completing this form as a representative of a community group or organisation, please sign here:

I can confirm that the information given on this membership form is true

Appointed representative of community group/organisation

Signature: _____ Date: _____

Please enter the approximate number of people/members in your community group/organisation: _____

Countersignature (Chief Executive/Chair/Senior Manager)

Signature: _____ Date: _____

Please return this form to Pamela Dewick using the FREEPOST envelope provided, addressed to: Gloucestershire Rural Community Council, FREEPOST SWC 0305, Community House, 15 College Green, Gloucester, GL1 2BR