

Grass Roots Open Writers

Membership Application Form

2012 - 2013

Please complete the following form in BLOCK CAPITALS

Title (Mr, Ms etc.)	
First Name	
Last Name	
Group / Organisation	
Phone Number	
Mobile Number	
Email Address	
Full Postal Address including Post Code	
Date of Birth	
Nationality	
First Language	
Support Needs Please let us know if there is anything we can do to make our workshops and meetings easier for you. (Large Print, Coloured Paper, Signer, Lip-Reading, Scribe) etc.	
Skills	
Interests	

Please note: Membership will only be granted to people who agree to abide by the GROW Rules.

You do not have to answer the following questions but this information may help us to apply for funding.

Ethnic Group

Please tick (✓) **ONE**

		(✓)
White	British	<input type="checkbox"/>
	Irish	<input type="checkbox"/>
	European	<input type="checkbox"/>
	Other	<input type="checkbox"/>
Mixed	White & Afro-Caribbean	<input type="checkbox"/>
	White & Black African	<input type="checkbox"/>
	White & Asian	<input type="checkbox"/>
	Other Mixed Background	<input type="checkbox"/>
Asian or Asian British	Indian	<input type="checkbox"/>
	Bangladeshi	<input type="checkbox"/>
	Pakistani	<input type="checkbox"/>
	Other Asian Background	<input type="checkbox"/>
Black or Black British	Caribbean	<input type="checkbox"/>
	African	<input type="checkbox"/>
	Other Black Background	<input type="checkbox"/>
Chinese	Chinese	<input type="checkbox"/>
	Other	<input type="checkbox"/>
Any Other (Please Describe)		<input type="checkbox"/>

Disability / Health

Please tick (✓) **ALL** that apply to you.

NATURE OF DISABILITY	(✓)	DETAILS (e.g. Wheelchair User or Dyslexic)
I am Physically Disabled	<input type="checkbox"/>	<input type="text"/>
I have a Learning Disability	<input type="checkbox"/>	<input type="text"/>
I have a Mental Health Problem	<input type="checkbox"/>	<input type="text"/>
I am Visually Impaired	<input type="checkbox"/>	<input type="text"/>
I am Hearing Impaired	<input type="checkbox"/>	<input type="text"/>
Other Disability	<input type="checkbox"/>	<input type="text"/>

Please print out and return to

GROW, 25 Cumberland Road, Sidley, Bexhill, East Sussex, TN39 5BU

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