

TheFED

Membership Application Form

2009 - 2010

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 tick this box if this is your first Membership Application ☐

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="text"/> | <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

TheFED, 156 Gonville Crescent, Stevenage, SG2 9LY