

**Fee: £12 for 12 months from 1st April. Please pay by cash, or cheques made payable to Southwark Pensioners Centre. "I wish to apply for Individual Membership"**

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Tel: \_\_\_\_\_ Mobile Tel: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_ E-mail: \_\_\_\_\_

**In the case of an emergency, is there anything you would like us to be aware of e.g. a medical condition? :** \_\_\_\_\_

**Which number should we contact in case of emergency? Tel:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Do you have any mobility issues you would like us to be aware of during your visits to the Centre? :** \_\_\_\_\_

**Would you be interested in volunteering?**

**How did you learn about us? :** \_\_\_\_\_

Your privacy is important to us, and as a result of stronger rules on data protection from 25 May 2018, we need your consent to contact you; and to explain how the Centre will use information about you.

**Would you like SPC to contact you? Yes?  No?**

If your answer is yes, please fill in the contact details you want us to use to communicate with you:

Please tick the relevant boxes to confirm how you would like us to contact you: I consent to Southwark Pensioners Centre contacting me by: Post  e-mail  Phone  SMS (text)

For the following purposes:

To keep me informed about newsletter, events, activities and services that Southwark Pensioners Centre organizes

**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_ / \_\_ / \_\_

You can grant consent to all the purposes; some of the purposes or none of the purposes. Where you do not grant consent we will not be able to use your personal data; (so for example we may not be able to let you know about forthcoming services and events); except in certain limited situations, such as where required to do so by law or to protect members of the public from serious harm. You can find out more about how we use your data from our "Privacy Policy" which is available from our website or from our Office.

You can withdraw or change your consent at any time by contacting us at our premises or emailing us: info@southwarkpensioners.org.uk Please note that all processing of your personal data will cease once you have withdrawn consent, other than where this is required by law, but this will not affect any personal data that has already been processed prior to this point.

**Please Turn Over**

All membership information is kept confidential in compliance with the Data Protection Laws 2018. Please sign client consent form overleaf.

Age: 50-64  65-74  75-84  85+  Prefer not to say

Status: Single  Married  Divorced  Widowed  Prefer not to say

Ethnicity: White British  White Irish  White Other

Other Mixed  Black African  Black Caribbean  Other Black

White & Black African  White & Black Caribbean  White Asian

Chinese  Indian  Pakistani  Bangladeshi  Prefer not to say

Any other ethnic background? \_\_\_\_\_

Disability: Are you registered disabled? Yes  No  Prefer not to say

Physical Disability  Sensory Impairment  Learning Disability

Mental Health

Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?

Yes, limited a lot  Yes, limited a little  No  Prefer not to say

Gender: Male  Female  Transgender  Prefer not to say

Sexual Orientation: Heterosexual  Gay Man  Lesbian  Bisexual

Other \_\_\_\_\_ Prefer not to say

Religion: Christian  Buddhist  Hindu  Jewish  Sikh  Muslim

No religion  Prefer not to say  Any other religion (below)

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<b>For Office Use Only</b>	Amount Received: £ _____	Date Received: __ / __ / __	<b>PLEASE TURN OVER</b>
Membership No: _____	Receipt No: _____	Staff Initials: _____	