



Individual Membership Form

Please Return to:
 Freepost RSAC-ACZX-BLJK
 Barking & Dagenham LINKs
 42 – 48 Parsloes Avenue
 Dagenham RM9 5NU

LINKs are the new mechanism to give local communities a stronger voice in how their Health and Social Care services are planned and delivered, and can hold services to account.

Please use Block Capitals when completing this form

Title: e.g. Mr/Mrs		Name:		Surname:	
Address:					
Postcode:					
Telephone No:		Mobile No:			
Email Address:					

The LINKs wants to be truly representative of the local community. We also have a duty to consult widely and actively canvas all sections of the local community for their views and experiences. Please help us to do this by completing the following section. Please indicate by ticking boxes below.

Age Range:	Under 16	16 - 20	21 - 30	31 - 40	41 - 50	51 - 60	61 - 70	Over 70
Gender:	Male	Female	Sexual Orientation:	Straight	Gay	Bisexual	Transgendered	
Do you consider yourself to have a disability: If yes please specify below							No	Yes
<input type="checkbox"/> Mobility Impairment		<input type="checkbox"/> Hearing Impairment			<input type="checkbox"/> Visual Impairment			
<input type="checkbox"/> Learning Disability		<input type="checkbox"/> Other: (Please specify)						
How would you describe your ethnicity:								
<input type="checkbox"/> Asian or Asian British – Bangladeshi				<input type="checkbox"/> Mixed – White & Asian				
<input type="checkbox"/> Asian or Asian British – Indian				<input type="checkbox"/> Mixed -White & Black African				
<input type="checkbox"/> Asian or Asian British – Pakistani				<input type="checkbox"/> Mixed – White & Black Caribbean				
<input type="checkbox"/> Asian or Asian British – other Asian background				<input type="checkbox"/> Mixed – Any other mixed background				
<input type="checkbox"/> Black or Black British - African				<input type="checkbox"/> White - British				
<input type="checkbox"/> Black or Black British – Caribbean				<input type="checkbox"/> White - English				
<input type="checkbox"/> Black or Black British - Other Black background				<input type="checkbox"/> White - Irish				
<input type="checkbox"/> Chinese				<input type="checkbox"/> White - Welsh				
<input type="checkbox"/> Other: (Please specify)				<input type="checkbox"/> White - Scottish				
<input type="checkbox"/> White – Any Other White background								

How would you describe your religious beliefs:

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As a member of LINKs we want to ensure that you are able to have your say on the Health and Social Care services that matter to you and your members / service users. Your level of involvement will depend on you and your areas of interest, and you can be involved as much or as little as you want.

Please help us to help you by indicating what areas you would like to get involved in, receive information on, and have your voice heard.

Areas / Topics of Interest to you – please tick all that apply

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Young People | <input type="checkbox"/> Older People | <input type="checkbox"/> Men | <input type="checkbox"/> Women |
| <input type="checkbox"/> LGBT Communities | <input type="checkbox"/> Faith Communities | <input type="checkbox"/> BMER Communities | <input type="checkbox"/> Carers |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Learning Disabilities | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Safeguarding |
| <input type="checkbox"/> GP Services | <input type="checkbox"/> Health Centres | <input type="checkbox"/> Hospital Services | <input type="checkbox"/> Pharmacy Services |
| <input type="checkbox"/> GUM Services | <input type="checkbox"/> Community Services | <input type="checkbox"/> Ambulance Services | <input type="checkbox"/> Transport Services |
| <input type="checkbox"/> Care Homes | <input type="checkbox"/> Respite Care | <input type="checkbox"/> Personal Care | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Drugs & Alcohol | <input type="checkbox"/> Sexual Health | <input type="checkbox"/> HIV / AIDS | <input type="checkbox"/> Diet & Nutrition |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Cancer | <input type="checkbox"/> Strokes | <input type="checkbox"/> Heart Disease |
| <input type="checkbox"/> Maternity | <input type="checkbox"/> Dental | <input type="checkbox"/> Dermatology (skin) | <input type="checkbox"/> Chiropody |

NOTE: LGBT = Lesbian, Gay, Bisexual or Transgendered
 BMER = Black, Minority Ethnic and Refugee
 GUM = Genito-urinary Medicine (sexual health clinic)

Please specify below any other issues / topics of interest:

How would you like to be contacted / consulted? – Please tick all that apply?

- | | | |
|--|--------------------------------|-------------------------------|
| <input type="checkbox"/> Telephone | <input type="checkbox"/> Email | <input type="checkbox"/> Post |
| <input type="checkbox"/> Other (please specify): | | |

How would you like to be involved? – Please tick all that apply?

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Surveys and Questionnaires | <input type="checkbox"/> Telephone Interviews | <input type="checkbox"/> Attending Meetings / Forums etc | <input type="checkbox"/> Receiving Info / updates |
| <input type="checkbox"/> Other (please specify): | | | |

Data Collection & Protection: The data we collect is used for consultation, monitoring and statistical reporting purposes only. We will not give out your personal details to anyone else without your prior signed consent.