



Organisation Membership Form

Please Return to:
Barking & Dagenham LINKS
eXcite Business Centre
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. The LINKs can hold local services to account through statutory powers to ensure they meet the needs of local people.

Organisation Name: (& department if applicable)			
Charity Number if registered:		Company Number if registered:	
Address:			Postcode:
Telephone No:		Fax No:	
Email Address:			
Website Address:			

Main Contact:		Title: (i.e. Mr, Mrs, Rev)	
Position:		Tel. No:	
Email Address:			

Please describe what type of organisation are you? – please circle below

Voluntary Organisation	Community Group	Club	Residents / Tenants Group
Social Enterprise	Private Business	Other (Please specify) _____	

Please give an overview of the services you provide (Optional)

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 have a particular interest in.

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"/> 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"/> Fax |
| <input type="checkbox"/> Other (please specify): | | | |

Do we have permission to share these details?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

If you have any questions – Please contact LINKs on 020 8215 9670

Thank you