



AVSED Needs Assessment & Membership Form

Full LEGAL name including title		Telephone	
		Date of Birth	
Preferred Name		Referred By	
Address		Postcode	
Email		Are you a carer? Y/N	

Emergency Contact name	Relationship	Telephone Number	Address and/or Email Address
Doctor		Surgery	
Reason for Joining AVSED?			
Do you have any mobility problems? If so please give us details. Eg: do you use a walking aid; Need to sit in the front seat of a car?			
Do you have any memory problems including diagnosis of Dementia/Alzheimer's? If so please provide details.			
Do you have any learning difficulties or disability? If so please provide details			
General health and wellbeing including any physical or mental health conditions. Including Visual and Sensory Impairment			
Health and Medication for emergencies			
Do you have any allergies?			
Do you require trip assistance? Eg prompting, wheelchair			
Do you live alone?			
Are you a council tenant?			
What is your gender?			

Care and Support. Family Support, Care agencies and other organisations (Eg ASC, Memory support, PEP)	
Nutrition and Hydration. Eg Meal delivery, dietary needs, risk factors.	
Safety and security. Eg Care alarm, adaptations, risk factors, risk of scams	

We are required by our funders to collect certain information about our members. We also want to make sure that our services are delivered fairly. The information will be used for statistical purposes, and will be confidential. You do not have to answer these questions, and your responses will make no difference to the service you receive.

Do you consider yourself to be disabled? Yes/No

What is your ethnic origin?

- | | | |
|--|---|--|
| <input type="checkbox"/> Prefer not to say | <input type="checkbox"/> Asian Pakistani | <input type="checkbox"/> Asian Bangladeshi |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Black African | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Black Caribbean | <input type="checkbox"/> White British | <input type="checkbox"/> White Irish |
| <input type="checkbox"/> Mixed race | <input type="checkbox"/> Other (please specify) | |
| <input type="checkbox"/> White -other background | | |

What is your religion?

- | | | |
|--|---------------------------------|-----------------------------------|
| <input type="checkbox"/> Prefer not to say | <input type="checkbox"/> Baha'i | <input type="checkbox"/> Buddhist |
| <input type="checkbox"/> No religion | <input type="checkbox"/> Hindu | <input type="checkbox"/> Jain |
| <input type="checkbox"/> Christian | <input type="checkbox"/> Muslim | <input type="checkbox"/> Sikh |
| <input type="checkbox"/> Jewish | | |
| <input type="checkbox"/> Any other religion of belief (please specify) | | |

Which of the following best describes your sexual orientation?

- | | | |
|--|----------------------------------|--|
| <input type="checkbox"/> Prefer not to say | <input type="checkbox"/> Gay man | <input type="checkbox"/> Lesbian/Gay woman |
| <input type="checkbox"/> Heterosexual/straight | <input type="checkbox"/> Other | |
| <input type="checkbox"/> Bisexual | | |

All members receive a quarterly newsletter. If you would prefer to receive yours in large print or by email, please write your preference here: _____

Privacy Notice

How information about you will be used:

AVSED will only ever share personal information with connected 3rd parties (e.g. local health and social care services, emergency contacts etc.), *solely* with regards to your health and wellbeing, to enable us to provide a service to you and to meet our funding requirements. **NB** we NEVER sell personal information, or share it with unconnected parties. It is YOUR responsibility to ensure the information we hold about you is accurate and up to date i.e. inform us of errors, and any changes to your personal information.

- Personal information is stored securely, will be kept for 2 years after you leave the service, then disposed of securely.
- You can
 1. withdraw consent for sharing of your information at any time
 2. request copies of the information stored
 3. request your information be shared electronically with another service
 4. amend your information
 5. request your information be deleted
- AVSED's Data Compliance Officer is the Project Coordinating Manager
- I am happy for AVSED to use my image for publicity **Agree** **Disagree**
- **Please return, along with the Gift Aid Form, to AVSED, Nunroyd Pavilion, Nunroyd Park, LS19 7HR or email to info@avsed.org.uk**