

Application Form

Healthwatch Membership Application Form*



* Please note that your membership is subject to Healthwatch Lincolnshire Board agreement

Personal Details

Title (please circle)	Mr	Mrs	Miss	Ms	Mstr	Cllr	Dr
First Name							
Last Name							
Organisation Name							
Address							
Postcode							
Telephone No							
Mobile No							
Email Address	@						
Website	www.						
Date of Birth							

Type of Membership

Full Member*
Associate Member

How would you prefer us to communicate with you?

Post

Email

Phone/Text

***Only people applying to become a full members should complete the following details.**

What is your involvement with Healthwatch Lincolnshire (eg volunteering, trustee, other)?

What other background/skills do you have that would be of benefit to Healthwatch Lincolnshire?

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Declaration and Signature:

The information you provide will be held in accordance to the Data Protection Act (1998) and stored using a database managed by Healthwatch Lincolnshire.

I agree to this information being used by Healthwatch Lincolnshire for the purposes of membership and the interests I have listed above.

I acknowledge that this application is subject to full Healthwatch Lincolnshire Board agreement and does not give the automatic right to membership.

Signature _____

Date _____

The data below is treated separately and does not form part of the membership application.

What is your ethnic group?

Choose **ONE** section from A to E, then tick the appropriate box to indicate your ethnic group.

A White

- British
- Any Other White background, *please write in*

B Mixed

- White and Black Caribbean
- White and Black African
- White and Asian
- Any Other Mixed background, *please write in*

C Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Any Other Asian background, *please write in*

D Black or Black British

- Caribbean
- African
- Any Other Black background, *please write in*

E Chinese or other ethnic group

- Chinese
- Any Other, *please write in*