

## FOOTPRINTS MEMBERSHIP FORM

### PERSONAL DETAILS

**Full Name:** \_\_\_\_\_ **Preferred Telephone no:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Postcode:** \_\_\_\_\_ **Age:** (18-45) (46-64) (>65)

**Do you have Children?** Yes No **If yes, how many?**

**Ages of Children** (Please enter the number of children you have for each age bracket)

0-4 Yrs  5-11 Yrs  12-18 Yrs

**How Many Adults are in your household?**

**Do you have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more?**

Yes No Prefer not to say

**Membership number** (For office use only) \_\_\_\_\_

### PERSONAL STATUS

**Single** **Divorced** **Widowed** **Separated** **Married**

**Other** (Please Specify) \_\_\_\_\_

### Employment Status:

**Full time** **Part-time** **Unemployed** **Student** **Carer**  
(Less than 16Hrs)

**Other** (Please Specify) \_\_\_\_\_

### MONITORING INFORMATION

**Choose which option best describes your ethnic group or background**

|                                     |                     |   |
|-------------------------------------|---------------------|---|
| White                               | Asian/Asian British | Black/African/Caribbean/Black British           |
| Irish Traveller                     | Indian              | African   |
| <b>Mixed/Multiple ethnic groups</b> | Pakistani           | Caribbean                                       |
| White and black Caribbean           | Bangladeshi         | <b>Other Ethnic group</b>                       |
| White and Black African             | Chinese             | Arab  |
| White and Asian                     |                     | <b>Any other Ethnic Group, (Please Specify)</b> |

\_\_\_\_\_

**Community Background:**

I am a member of the protestant community

I am a member of the Catholic community

**Other** *(Please Specify)* \_\_\_\_\_

**CONSENT**

**Do you consent to the taking, storage and use of photographs and videos for our marketing and digital platforms?**

**Yes**

**No**

**Do you consent to Footprints contacting you when and if needed?**

**Yes**

**No**

*If at any stage you wish to opt out of receiving correspondence please contact Footprints Women's Centre. All information obtained on this form is held and maintained confidentially and in compliance with GDPR & The Data Protection Act 1998.*