



the brain injury association

Headway Harrogate & District Branch Membership Form For Brain Injured Survivors & Carers

Please complete all sections of the form that are relevant to you and sign the declaration at the end before returning together with the statistical monitoring form to: Headway Harrogate, St Andrews Church, High Street, Starbeck, Harrogate, HG2 7JE or e-mail: headwayharrogate@gmail.com;

If you would like assistance to complete this form then please contact Headway Harrogate on: 07759507828 or e-mail.

Information about you

Title:	Name:	Address: Postcode:
Telephone:		
Email:		
Date of Birth:		
Are you a Survivor or Carer?		

If you would like to attend a Headway Harrogate Get Together or Events, do you have any special requirements? For example are you a wheelchair user?

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Your Involvement with Headway Harrogate *please tick appropriate boxes*

Would you like to receive updates about future events?	Yes	No
If Yes, would you prefer to receive these by:	Post	E-mail

How did you hear about Headway.....

In case of emergency please provide contact details.

Title:	Name:	Address: Postcode:
Telephone:		
Email:		
Date of Birth:		
Relationship To You		

Confidentiality

Headway Harrogate & District will keep your details confidential unless we have reason to believe that an individual or another member of the public is at risk of harm to self or others or has information relating to terrorism. Should this occur then we would strive to seek the permission of the individual concerned.

If you would like a copy of the Confidentiality Policy please ask a Committee Member.

Declaration

By signing this form you agree to the information you supply being kept by Headway Harrogate in accordance with the Data Protection Act. It will be used for the purpose of maintaining a members' register, providing members with information about our activities, services and future events and informing Headway UK about the needs of its members. The statistical information on the forms, is collated in an anonymous format, to enable Headway the brain injury association to maintain national statistics and report to Funders. None of your information will be shared with any person or organisation that is not affiliated to Headway the brain injury association. You have a right to access your information.

Signed _____ Date _____

Headway Harrogate & District Representative

Headway Statistical Monitoring Form

The information on this page is required by Headway for statistical purposes only. It will not be used in any way which will enable individuals to be identified. Collecting this information will

enable Headway to demonstrate the level of need and demand and the value of the Headway network across the UK. It will also allow us to look at specific issues such as age groups, types of injury and specific causes of TBI that should help us to plan on both a national and regional level and provide evidence to support media campaigns and funding applications and reports for Headway nationally and regionally.

1. Age Group – please tick appropriate box			Date of Birth	
Under 18	18 – 29	30 - 45	46 - 64	65+

2. Your interest in Headway – Please tick <u>one</u> box only				
Brain Injury Survivor	Carer	Family Member	Professional	Other

3. If you are a brain injury survivor please indicate the nature of your brain injury below		
Traumatic Brain Injury (Please also state how injury was sustained)	Stroke	Other Acquired Brain Injury

4. Gender	
Male	Female

5. Ethnic origin – please circle the response which best indicates how you would describe yourself			
White			
British	Irish	Other (please specify)	
Mixed			
White/Black Caribbean	White/Black African	White/Asian	Other (please specify)
Asian/Asian British			
Bangladesh	Indian	Pakistani	Other (please specify)
Black/Black British			
African	Caribbean	Other (please specify)	
Chinese			
Other (please specify)			