



Application Form FOR GROUPS



This is the application form for groups to join the LINK. All information we gather is used to further engage with all our members and to allow us to contact you on things you may be interested in.

Remember signing up to the LINK in one way does not mean that somewhere along the road you can't decide to change or look at other opportunities. Anyone can be involved in more than one type of activity.

Within one week of receiving your application form, we will send you your welcome pack which will include everything you need to know about the LINK and how to get involved further.

We look forward to hearing from you.

This application form can be completed online at
www.stockportlink.co.uk/ways.php

Application Form

Section 1. About You	
We are: A Community Group <input type="checkbox"/> A Voluntary Organisation <input type="checkbox"/> A Business <input type="checkbox"/> Other <input type="checkbox"/> (please state) _____	
Name of group, organisation or business	
Name of Chair / Director / Chief Executive	
Name of LINK Contact	
Address	
Postcode	
Contact telephone No.	
Contact Mobile No. for text messaging service	
Email Address	
How did you hear about the LINK ?	
Do you have time/resources to give to the LINK about issues which may affect the people you work with? Please give details:	

m FOR GROUPS

Section 2. What is the main focus of your group or organisation?
All People <input type="checkbox"/> Children <input type="checkbox"/> Young People <input type="checkbox"/> Older People <input type="checkbox"/> Women <input type="checkbox"/> Men <input type="checkbox"/> Religious <input type="checkbox"/> People with disabilities <input type="checkbox"/> Carers <input type="checkbox"/> BME Groups <input type="checkbox"/> Volunteers <input type="checkbox"/> Patients <input type="checkbox"/> Health Social Care <input type="checkbox"/> Mental Health <input type="checkbox"/> Other (please specify) _____

Section 3. Membership
How big is your group membership?
1-10 <input type="checkbox"/> 11-20 <input type="checkbox"/> 21-30 <input type="checkbox"/> 31-40 <input type="checkbox"/> 41-50 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100+ <input type="checkbox"/> 200+ <input type="checkbox"/>

Section 4. Organisations & Businesses
How many members of staff work for your group?
None <input type="checkbox"/> 1-10 <input type="checkbox"/> 11-20 <input type="checkbox"/> 21-30 <input type="checkbox"/> 31-40 <input type="checkbox"/> 41-50 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100+ <input type="checkbox"/> 200+ <input type="checkbox"/>
How many volunteers?
None <input type="checkbox"/> 1-10 <input type="checkbox"/> 11-20 <input type="checkbox"/> 21-30 <input type="checkbox"/> 31-40 <input type="checkbox"/> 41-50 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100+ <input type="checkbox"/> 200+ <input type="checkbox"/>

Section 5. What areas are you interested in?
The LINK would like to know what areas you are interested in so that we can send you any relevant information and anything that may be of interest to you.
OUR INTERESTS INCLUDE:
<input type="checkbox"/> Carers <input type="checkbox"/> End of Life Care <input type="checkbox"/> Long Term Conditions <input type="checkbox"/> Physical Disability
<input type="checkbox"/> Cancer Services <input type="checkbox"/> General Care <input type="checkbox"/> Learning Disabilities <input type="checkbox"/> Sensory Disabilities
<input type="checkbox"/> Children <input type="checkbox"/> GP Services <input type="checkbox"/> Men's Health & Social Care <input type="checkbox"/> Woman's Health & Social Care
<input type="checkbox"/> Cultural Health <input type="checkbox"/> Health promotion <input type="checkbox"/> Mental Health <input type="checkbox"/> Young People
<input type="checkbox"/> Dentist <input type="checkbox"/> Hospital Services <input type="checkbox"/> Older people <input type="checkbox"/> Other: _____
<input type="checkbox"/> Drug Abuse <input type="checkbox"/> Infection Control <input type="checkbox"/> Opticians _____
<input type="checkbox"/> Discrimination in Health & Social Care <input type="checkbox"/> Long Term Care <input type="checkbox"/> Sexual Health _____
<input type="checkbox"/> Prison Health

Section 6. Which activities would you like to be involved in?

It is up to you how much or little you get involved. Below are some of the different ways you may like to get involved. Training & Personal development will be provided.

I AM INTERESTED IN (TICK ANY THAT APPLY):

- | | |
|--|--|
| <input type="checkbox"/> Receiving the Stockport LINK Newsletter. | <input type="checkbox"/> Giving talks about the LINK on behalf of the LINK or help with training. |
| <input type="checkbox"/> Attending public events hosted by the LINK. | <input type="checkbox"/> Being a key representative to put forward the views of your group, organisation or business. |
| <input type="checkbox"/> Providing the LINK with my views from time to time. | <input type="checkbox"/> Taking part in discussions or focus groups. |
| <input type="checkbox"/> Being a LINK Core Group Member. | <input type="checkbox"/> Taking part in anonymous interviews about my personal experiences. |
| <input type="checkbox"/> Being part of a Task Group. | <input type="checkbox"/> Answering surveys and questionnaires |
| <input type="checkbox"/> Contributing to designing and developing a questionnaire or survey. | <input type="checkbox"/> Volunteer to office support the LINK. |
| <input type="checkbox"/> Arranging a time limited or one off focus group or series of discussion groups. | <input type="checkbox"/> Becoming part of a Reading Group. |
| <input type="checkbox"/> Helping others get involved in consultations of planning & developing services. | <input type="checkbox"/> Receive training to become an authorised representative of the LINK to visit health and social care premises. |
| <input type="checkbox"/> Attending meetings or events to represent the LINK. | <input type="checkbox"/> Receiving the LINK minutes |

Section 7. What areas of Stockport do you cover?

All of Stockport Particular area (please state) _____

Section 8. How you would like best to be kept informed?

- | | | |
|---|--|---|
| <input type="checkbox"/> email | <input type="checkbox"/> via the website | <input type="checkbox"/> other (please state) |
| <input type="checkbox"/> post | <input type="checkbox"/> over the phone | _____ |
| <input type="checkbox"/> post for larger correspondence | <input type="checkbox"/> text | _____ |

Many thanks for your time. The data you provide will be used to contact you about Local Involvement Networks (LINK) or other health and social care issues and will be stored in accordance with the Data Protection Act.

FOR OFFICE USE ONLY. Membership no.

Date: