



Application Form FOR INDIVIDUALS



This is the application form for individuals who wish 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.

If you only want to receive the Newsletter and updates from the LINK, you only need to fill in sections one & two although if you feel you may want to be involved more in the future, please fill in as much as you can.

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 further involved.

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	
Name	
Date of Birth	
Address	
Postcode	
Contact telephone No.	
Contact Mobile No.	
Email Address	
How did you hear about the LINK?	
How would you like best to receive your Newsletter?	Email <input type="checkbox"/> Post <input type="checkbox"/> Post for larger correspondence <input type="checkbox"/>
For other general communication how would you prefer we contact you?	Email <input type="checkbox"/> Post <input type="checkbox"/> Phone <input type="checkbox"/> Via the website <input type="checkbox"/> Text Message Service <input type="checkbox"/> Other <input type="checkbox"/> (please state) _____

FOR INDIVIDUALS

Section 2. 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 from time to time. |
| <input type="checkbox"/> Contributing to designing and developing a questionnaire or survey. | <input type="checkbox"/> Volunteer to support the LINK Office . |
| <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 Core Group minutes | |

Section 3. Do you have any skills that you would like to share?

The LINK may contact you from time to time when we feel there is something you can be involved with. **I AM GOOD AT AND ENJOY:**

- | | | | |
|---|---|--|---------------------------------|
| <input type="checkbox"/> Computing | <input type="checkbox"/> Planning | <input type="checkbox"/> Observing | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Training | <input type="checkbox"/> Leading a team | <input type="checkbox"/> Creating | _____ |
| <input type="checkbox"/> Admin | <input type="checkbox"/> Being part of a team | <input type="checkbox"/> Logical | _____ |
| <input type="checkbox"/> Proof reading | <input type="checkbox"/> Designing | <input type="checkbox"/> Running groups | _____ |
| <input type="checkbox"/> Writing articles | <input type="checkbox"/> Listening | <input type="checkbox"/> Project planning | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Coaching | <input type="checkbox"/> Problem solving | <input type="checkbox"/> Talking to people | |
| <input type="checkbox"/> Researching | <input type="checkbox"/> Presenting | | |

Section 4. What areas have you had experience in?

The LINK would like to know about your current or past experience that you feel benefits you as a LINK member. **I HAVE HAD EXPERIENCE IN:**

- | | |
|--|---|
| <input type="checkbox"/> Being a carer | <input type="checkbox"/> Working in finance |
| <input type="checkbox"/> Being a parent | <input type="checkbox"/> Working in publicity & promotion |
| <input type="checkbox"/> Working in health care | <input type="checkbox"/> Working in education |
| <input type="checkbox"/> Working social care | <input type="checkbox"/> Working as a Councillor |
| <input type="checkbox"/> Volunteering in health care | <input type="checkbox"/> Other sector eg. Police, Fire |
| <input type="checkbox"/> Volunteering in a social care setting | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Volunteering in another setting | _____ |
| <input type="checkbox"/> Working in training | _____ |

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.

MY 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. Do you have an association with any other communities or groups?

- No Yes (please expand) _____

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.

Why not join us on facebook or follow us on twitter, just search "Stockport LINK"

**Please return this application form to: FREEPOST RRYH-USCY-EKST,
Pebble Enterprises, Labyrinth House, 45 Middle Hillgate, Stockport SK1 3DG**

FOR OFFICE USE ONLY.

Membership no.

Date: