

APPLICATION FORM

Title (1)

Forename (1)

Surname (1)

Title (2)

Forename (2)

Surname (2)

(Two people in a household can join)

Address

Post Code

Telephone

Email Address

Date of birth (1)

Date of birth (2)

* Where did you hear about Northants 50+ Network?

* As a member of the 50+ Network, I would like to get involved by: (please tick as many as you wish)

Completing questionnaires sent to me by post

Taking part in daytime discussions at venues

Completing surveys by email

Physical activities

Learning activities

Helping with the work of the 50+ Network

Please list any other activities you would like to see put on in your area:

* To which of these groups do you consider yourself belonging? (Please tick)

White ¹ ²

African/Caribbean ¹ ²

Chinese ¹ ²

Other ¹ ²

Mixed ¹ ²

Asian/Asian British ¹ ²

Do you have a disability? Yes ¹ ²

No

* I am interested in (please tick as many as you wish)

Access to information

Benefits

Discrimination

Community Safety

Financial issues

Employment

Healthcare

Volunteering

Leisure/environment

Transport

Housing

Social Care

Privacy Statement

I understand that Northants Fifty Plus Network, as data controller, will keep the above information in accordance with the Data Protection Act. I also understand that I will be contacted periodically to check the accuracy of information held. By submitting this form I give my consent for the use of the information as set out above.

Please return the completed form to:

Northants 50+ Network, c/o St Giles Parish Office, St Giles Terrace, Northampton, NN1 2BN