**Headway Leeds Membership Form**

**For professionals, support workers & others**

Please complete and sign this form and return it to:

**Headway Leeds Secretary**

**c/o Irwin Mitchell, 2 Wellington Place, Leeds LS1 4BZ**

If you need assistance to complete this form please call

07926 456401 or email headwayleeds@googlemail.com



Registered Charity No 1025852

**Your contact details:**

|  |  |  |
| --- | --- | --- |
| Title: | Name: | Company name:  Positon:  Address:  Tel: |
| Telephone: | |
| Email: | |
| Date of Birth: | |

**Please provide details of an emergency contact (if you intend to attend evening events):**

|  |  |
| --- | --- |
| Name: | Contact Number: |

|  |
| --- |
| Details of any access needs or special requirements you may have (if you intend to attend events): |

|  |  |  |
| --- | --- | --- |
| Would you like to receive monthly updates on our events?  (To reduce costs these will be sent by email) | Yes | No |
| If yes, please provide details of any interests or any information/training events you would be interested in attending: | | |
| Would you like to be involved in fundraising/campaigning/developing the group? | Yes | No |
| If yes, please provide details of any experience you have or skills you could offer: | | |
| How did you find out about Headway Leeds? | | |

*By signing this form you agree to the information you supply being kept by Headway Leeds in accordance with the Data Protection Act. It will be used for the purposes of maintaining a members’ register, providing members with information about our activities, services and future events and informing Headway Leeds about the needs of its members. The statistical information on the forms, in an anonymous format, is collected by Headway the brain injury association to enable them to maintain national statistics. 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. Please let us know if your details change.*

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Headway Leeds is unable to provide respite or care support.***

***Anyone requiring support to attend our activities will need to ensure that they have a carer with them.***