

Registered Charity No 1025852

**Headway Leeds Membership Form**

**For individuals who have sustained a brain injury**

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

**Your contact details:**

|  |  |  |
| --- | --- | --- |
| Title: | Name: | Address:  Postcode: |
| Telephone: | |
| Email: | |
| Date of Birth: | |

**Please provide details of an emergency contact:**

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

|  |
| --- |
| Details of any access needs or special requirements you may have: |

**Type of Brain Injury** –*please tick appropriate boxes*

|  |  |
| --- | --- |
| Traumatic: damage caused by an external blow to the head |  |
| Acquired: damage acquired (since birth) |  |
| Date of Brain Injury: |  |

**Involvement with Headway Leeds -** *please tick appropriate boxes*

|  |  |  |
| --- | --- | --- |
| Would you like to receive monthly updates on our events? | Yes | No |
| If yes, would you prefer to receive these by | Post | Email |
| If yes, please provide details of any hobbies/interests/places you like to visit 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? | | |

**Information about your main carer if you have one**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Title: | Name: | Address:  Postcode: | | |
| Telephone: | |
| Email: | |
| Relationship to you: | | Date of Birth: | | |
| Have they completed a Headway Leeds Carer membership form? | | | Yes | No |
| Would they like to be contacted by Headway Leeds? | | | Yes | No |

*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.***