OPAL Membership, Data and Gift Aid Form

OPAL
OLDER PEOPLE'S ACTION IN THE LOCALITY
The Queen's Award for Voluntary Service
The MBE for volunteer groups

What is your reason for joining OPAL? Please tick			
Loneliness and Isolation ☐	Community Involvement ☐	Long Term Health Condition ☐	Transport Help ☐
Mental Health ☐	Physical Health ☐	Other:	

First Name:		**Address:**	
Surname:		**Postcode:**	
Date of Birth:	/ /	**Phone Number:**	
Email Address:		**Emergency Contact Name and Number:**	

Are you a carer?	Yes ☐ No ☐	**GP Surgery**	
Do you live alone?	Yes ☐ No ☐	**Name of GP**	
Do you have any allergies?		**Any dietary requirements?**	

Do you have any mobility problems? Such as needing the front seat or using a walker	
Please provide information on any relevant health problems	

Do you consider yourself to have any of the following disabilities? Please tick		
	Yes	**No**
Mental Health Problems		
Physical Impairment		
Hearing Impairment		
Visual Impairment		
Learning Difficulties		
Memory Problems		
Long Term Health Condition		

What is your gender?	Male ☐	Female ☐	Prefer not to say ☐
Is your gender identity the same as the gender you were originally assigned at birth?	Yes ☐	No ☐	Prefer not to say ☐

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Which of the following best describes your sexual orientation? Please tick					
Prefer not to say	☐	Gay man	☐	Bisexual	☐
Heterosexual/straight	☐	Lesbian/gay woman	☐	Other:	☐

What is your ethnic origin? Please tick					
Prefer not to say	☐	Asian Indian	☐	Black African	☐
White British	☐	Asian Pakistani	☐	Chinese	☐
White Irish	☐	Asian Bangladeshi	☐	Mixed Race	☐
White Other	☐	Black Caribbean	☐	Other:	

What is your religion? Please tick					
Prefer not to say	☐	No Religion	☐	Buddhist	☐
Jewish	☐	Christian	☐	Hindu	☐
Muslim	☐	Sikh	☐		
Jain	☐	Baha'i	☐	Other:	☐

We are required by our funders to collect certain information about our members. We also want to make sure that our services are delivered fairly. The information will be used for statistical purposes and will be confidential. You do not have to answer these questions, and your responses will make no difference to the service you receive.

Signed_____ **Date**_____

All members receive a bimonthly newsletter. If you would prefer to receive yours in large print, or by email, please write your preference here: _____

Payment_____ Payment type_____ Date paid_____

We may phone you for a chat in a few months to see how you are getting on, if you are accessing and enjoying OPAL, and if there is anything further we can do to help.

How do you feel about: (please circle)

Your strength and balance	Poor - Fair - Good - Very Good - Excellent
Your mental health	Poor - Fair - Good - Very Good - Excellent
Your mobility	Poor - Fair - Good - Very Good - Excellent
Your confidence and independence	Poor - Fair - Good - Very Good - Excellent
Your friendships	Poor - Fair - Good - Very Good - Excellent
Your pain levels	Poor - Fair - Good - Very Good - Excellent
Your endurance and stamina	Poor - Fair - Good - Very Good - Excellent
Your general sense of wellbeing	Poor - Fair - Good - Very Good - Excellent

Please turn over and complete the attached data protection form. Thank you!

OPAL Membership, Data and Gift Aid Form

Protection & Privacy Form

How information about you will be used:

Information relating to you and any personal data stored at OPAL is confidential. We have a Confidentiality and Data Protection policy covering all information we request, store and how we use it. This policy is available to see upon request to the office.

OPAL request data about you and your personal details to allow us to provide a person-centred service to you. OPAL will only share your personal information when it is necessary for your health, wellbeing, or safety, in accordance with the Data Protection Act 2018 and GDPR. Data requested by our funders will be given anonymously, and no personal identifying data will be shared without specific consent. We NEVER sell personal information or share it with unconnected parties.

It is YOUR responsibility to ensure the information we hold about you is accurate and up to date, i.e. inform us of errors and any changes to your personal information.
Personal information is stored securely, will be kept for 2 years after you leave the service, then disposed of securely.

You can
1. withdraw consent for sharing of your information at any time
2. request copies of the information stored free of charge
3. amend your information
4. request your information be deleted

OPAL's Data Compliance Officer is the CEO.

In addition to personal data, we keep images for several reasons. Including, but not limited to: Publicity, marketing, and advertising both in print and digital. On any number of platforms including our newsletter, website and social media.

I …… (PRINT FULL NAME) consent to my data being collected, stored and used as stated above, and I understand my rights concerning data protection.

I am happy for OPAL to use my image as stated **Agree / Disagree**

Photo taken for membership **YES / NO**

I am happy to receive information via email that OPAL believe I will find useful or interesting. **YES / NO**
(e.g. information about scams or events in the area)

Signature …… **Date** ……

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Gift Aid Declaration for past, present & future donations.

Boost your donation by 25p of Gift Aid for every £1 you donate.
Gift Aid is reclaimed by the charity from the tax you pay for the current tax year.
Your address is needed to identify you as a current UK taxpayer.

In order to Gift Aid your donation you must tick the box below:

I want to Gift Aid my donation of £ and any donations I make in the future or have made in the past four years to OPAL (Older People's Action in the Locality)

I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference.

My Details:

Title ……Forename(s) …… Surname …….

Home address
……..

…….

……..…. Post Code ……

Date : ……/……../……. Signature: ……..

Please notify the charity if you:

- want to cancel this declaration
- change your name or home address
- no longer pay sufficient tax on your income and/or capital gains tax.

If you pay Income Tax at the higher or additional rate and want to receive the additional tax relief due to you, you must include all your Gift Aid donations on your Self-Assessment tax return or ask HM Revenue and Customs to adjust your tax code.