



Subscription Form for 2012

Please type or write in **black ink**. All information supplied on this form, is subject to the provisions of the Data Protection Act 1998 and will be treated in confidence. This form is to be filled in on behalf of the service user(s).

Section A: Subscriber Information

Please indicate where the member lives on a daily basis, whether he/she lives at home with parents or in a residential home. Please fill in the address where applicable. (**CAPITAL LETTERS PLEASE**)

Title (Mr/Mrs/Miss/Ms): Please select

Surname:.....

Forename(s):.....

Family Home Address:.....

.....Post code:.....

Home Tel No:.....

Residential Home Address:.....

.....Post code:.....

Tel No:.....

Please send your application form with your subscription charge of £10 made payable to Ashiana Trust Limited to; Ashiana registered address: 34 Queensbury Station Parade, Edgware, Middlesex, HA8 5NN

Section B: Information about subscriber:

Ashiana Trust Ltd is an equal opportunities employer. The following information will be treated confidentially and will assist in monitoring Ashiana Trust Ltd's Equal Opportunities policy. Your application will not be affected by the information provided in this section.

To be completed by the applicant:

1. Ethnic origin (please tick/specify): These categories reflect the guidelines provided by the Commission for Racial Equality.

The service users' ethnic origin is:

White-	Asian/British Asian-	Black/British Black-	Mixed Heritage-
<input type="checkbox"/> British	<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> African	<input type="checkbox"/> White/Black African
<input type="checkbox"/> Irish	<input type="checkbox"/> Indian	<input type="checkbox"/> Caribbean	<input type="checkbox"/> White/Black Caribbean
<input type="checkbox"/> White Other	<input type="checkbox"/> Pakistani	<input type="checkbox"/> Black Other	<input type="checkbox"/> White/Asian
	<input type="checkbox"/> Chinese		<input type="checkbox"/> Mixed Other
	<input type="checkbox"/> Asian Other		<input type="checkbox"/> Any other ethnic group

If you selected any of the "other" categories, please specify how you would further describe your ethnic origin _____

2. Gender.

Female Male

3. Please state you: Date of Birth: _____ Age: _____
4. How would you describe your religion or belief(s)? (e.g. Buddhist, Christian, Hindu, Jewish, Muslim, Sikh, agnostic, none, other, prefer not to say) _____.
5. Please indicate any additional languages you speak _____.

Disability:

The Disability Discrimination Act defines a "disabled person" as a person with:

"A physical or mental impairment, which has a substantial or long term adverse effect on their ability to carry out normal day to day activities."

4. Please indicate the type disability the member has: (please tick)

Learning disability

5. Please indicate any medical conditions:

6. Please specify any allergies.

7. Does the subscriber suffer from epileptic fits? (Please tick)

Yes No

8. Please indicate the type of help/assistance/support/escorting the subscriber needs

9. Please indicate any interests/hobbies the subscriber has

Section C: To be filled out by carers and/or parents

Carer/ Parent 1:

Carer/Parent 2:

Title: _____

Title: _____

First Name: _____

First Name: _____

Surname _____

Surname _____

Address _____

Address _____

Tel No: _____

Tel No: _____

Mobile No: _____

Mobile No: _____

Email: _____

Email: _____

Main carer? (Please tick)

Please indicate who the main carer is and indicate whether both carers will be attending any Ashiana monthly or weekly sessions with them.

Declaration:

We accept that a subscription of £10 per year needs to be paid to *Ashiana Trust Limited* for annual membership. We confirm that a service user will be attended upon and escorted by carers (mainly parents) at all times during Ashiana events and at the Saturday activity centre.

We give our consent for *Ashiana* to keep the records of the above mentioned member on their data base, in line with the Data Protection Act.

We/I understand that photographs of service users and carers will be taken at Ashiana events; however these will not appear on any social networking sites (Facebook, Tweeter) and will only be used for Ashiana publications and which will appear on the official Ashiana website.

By signing this declaration, I understand as the carer(s) that *Ashiana Trust Limited* reserves the right to terminate our membership for non-payment of the subscription and without notice for any reasons that contravene the “Carers Code of Conduct”.

Signature of Carer 1: _____

Date: _____

Signature Carer 2: _____

Signature of service user: _____