Please enclose a cheque for £5 payable to “Wolves DSA”. Thank you.

Name ........................................................................... (PLEASE USE BLOCK CAPITALS)

Address .................................................................................................................................

Post Code ......................................................... Tel no. ..............................

Email address ....................................................................................................................... (if applicable)

Preferred method of contact

Post  Email

Do you require mail in an alternative format?

Yes  No

If yes please state:

PLEASE ENSURE YOU HAVE MICROSOFT WORD IF YOU REQUIRE CORRESPONDENCE BY E MAIL.

Please complete the Equality Monitoring form on the reverse of this form. It is entirely optional, but will help us to understand our membership.

OFFICE USE ONLY:

<table>
<thead>
<tr>
<th>Membership Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payment Method:</td>
</tr>
<tr>
<td>Date Received:</td>
</tr>
<tr>
<td>Membership Card issued:</td>
</tr>
</tbody>
</table>

P.T.O
Equality Monitoring Form

Please help us by completing the following section. It is entirely optional, but will help us understand our membership.

1. Disability Monitoring
Do you consider yourself to have a disability or a long-term health condition?
Yes ☐ please indicate your disability below and move to question 3:
No ☐ please move to question 2

☐ Wheelchair user ☐ Blind/Partially sighted ☐ Ambulatory
☐ Learning Disability ☐ Deaf/Hard of hearing ☐ Mental ill health
☐ Other

If you stated other please specify:

2. Please indicate name of & relationship to disabled member:

<table>
<thead>
<tr>
<th>Carer/Helper</th>
<th>Support Worker</th>
<th>Family Member</th>
<th>Friend</th>
</tr>
</thead>
</table>

3. Ethnicity Monitoring
How would you describe yourself?
Choose one section from A to E and then tick the appropriate box.

A White
☐ British ☐ Irish ☐ Scottish ☐ English ☐ Welsh

☐ Any other white background please state:

B Mixed Heritage
☐ White and Black Caribbean ☐ White and Black African
☐ White and Asian

☐ Any other mixed background please state:

C Asian or Asian British
☐ Indian ☐ Pakistani ☐ Bangladeshi

☐ Any other Asian background please state:

D Black or Black British
☐ Caribbean ☐ African

☐ Any other Black background please state:

E Chinese or other ethnic group
☐ Chinese ☐ Other ethnic group please state:

F ☐ Prefer not to say

4. Monitoring Gender

Would you describe yourself as male or female?

5. Monitoring Age

What age were you on your last birthday?

Thank you for completing the Equality Monitoring Form