WOLVES DSA Membership Form



If you wish to join the **WDSA** please complete the form below and return it electronically or by post to:

DENNIS GREEN 52 LONG LAKE AVENUE WOLVERHAMPTON, WV6 8EX e mail:wolvesdsa@hotmail.co.uk

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

Name		(PLE/	ASE USE BLO	OCK CAF	PITALS)
Address					
Post Code		Tel no.			
Email address				(if app	licable)
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:

Membership Number:	
Payment Method:	
Date Received:	
Membership Card issued:	

Equality Monitoring Form

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

Disability Monitoring 1.

Do you consider yourself to have a disability or a long-term health condition?

please indicate your disability below and move to question 3: Yes No

please move to question 2

1	

Wheelchair user \square

Blind/Partially sighted Deaf/Hard of hearing Ambulatory Mental ill health

Other If you stated other please specify:

Learning Disability

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

Carer/Helper	Support Worker	Family Member	Friend	
--------------	-------------------	------------------	--------	--

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] Scottis	sh		English		Welsh
	Any othe	Any other white background please state:							
B 	White and	d Black Cari			White and ate:	d Bla	ck African		
C	Asian or Indian	Asian Brit	ish akistani		Banglades	shi			
	Any othe	Any other Asian background please state:							
D	Black or Black British Carribbean								
E	Chinese or other ethnic group Chinese Other ethic group please state:								
F	Pre	efer not to	say						
4.	Monitori	ng 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