

# MEMBERSHIP APPLICATION

In order to become a member please complete all parts of this form, sign and return it to Freepost RTXR-BAGA-KHYJ  
Membership Office, Lincolnshire Partnership NHS Foundation Trust, Trust Headquarters, St George's, Long Leys Road, Lincoln, LN1 1FS

## ABOUT YOU

Title: (Mr/Mrs/Miss/Ms/other)

Name:

Date of birth:  (You must be 12 years old or over)

Gender:  Male  Female  Prefer not to answer  
Gender identity: do you identify as the gender you were assigned at birth?  
 Yes  No  Prefer not to answer

## YOUR CONTACT DETAILS

Address (including postcode)

Telephone number  Mobile number

Email

In a bid to be more environmentally friendly, email is our preferred method of contact. If you supply us with your email address, we will only use this to send you information about the Trust. Please let us know if you would prefer this information in an alternative format.

Please tell us if you have any special communication needs and how you heard about the Trust:

## YOUR MEMBERSHIP

Do you currently access the Trust's specialist health services?  Yes  No  
(Or have you accessed treatment in the last five years?)

Do you care for someone with a mental health problem or learning disability?

Yes  No  
If yes, Do you care for someone with a mental health problem or learning disability?  
 Under 18 years old  Over 65  With a learning disability

Would you like to be more involved with the Trust?

Stand for election as a governor  Volunteer  Become a member of the Group of 1000  
 Attend meetings and events

In order to ensure our membership is representative of the population of Lincolnshire and to assess whether there are any barriers for under-represented groups we collect monitoring information. LPFT is committed to protecting the privacy and security of your personal information and we do this in accordance with data protection requirements, including the General Data Protection Regulation (GDPR) and the Data Protection Act (DPA) 2018. This ensures your information is treated confidentially and processed appropriately and will only be used for purposes of this collective data analysis.

### SEXUAL ORIENTATION

Gay man  Lesbian/gay woman  Bisexual  Heterosexual/straight  Prefer not to say

### RELIGION AND BELIEF

Agnostic  Hindu  Pagan  Atheism  
 Humanist  Sikh  Buddhist  Jewish  
 Christianity  Muslim  Prefer not to say  Other please specify -

### ETHNICITY

#### Asian or Asian British

Bangladeshi  Indian  Pakistani  Chinese  
 Any other Asian background please specify -

#### Black or Black British

African  Caribbean  Other black background please specify -

#### Multi-ethnic

White & Asian  White & Black Caribbean  White & Black African  Other black background please specify -

#### White

British  Irish  Gypsy/Romany/traveller  Any other white background please specify -

#### Other

Arab  Any other ethnic background please specify -

**Disability** - Do you consider yourself to have a disability?

Yes  No  Prefer not to answer

**Marital/Civil Partnership Status** - Which best describes your marital status?

Married or in civil partnership  Living with someone  Divorced/dissolved partnership  
 Widow or widower  Separated  Single  Surviving partner  
 Prefer not to say

Signature

Date