



# SCARBOROUGH SURVIVORS



For official use only  
Staff name .....  
Date Filled In.....  
Member renewal Y / N  
Member since .....

## MEMBERSHIP APPLICATION FORM

Membership is open to any individual (aged 16 or over) who has experienced mental health problems, either personally or as a carer, family member or close friend.

Name: Mr / Mrs / Miss / Ms / Other .....

Address: .....

..... Postcode: .....

Telephone: ..... Mobile: .....

Email: ..... Date of birth: .....

**The following information is strictly confidential  
and will only be used in an emergency**

Next of kin or appropriate person to contact in the event of an emergency:

..... Relationship to you: .....

Emergency contact number: .....

### Medical conditions

Your particular mental health difficulties are: .....

Do you suffer from any other medical conditions: YES / NO

If YES, what: .....

Medication taken: .....

Any allergies we should be aware of: YES / NO

If YES, what are they? .....

Do you carry a Medical Alert Card? YES / NO

Do you consider yourself disabled? YES / NO

Do you consider this is because of your mental health condition? YES / NO

## Monitoring Information

As a charity, we are funded from a number of different sources, all of which like to know about the people who benefit from the grants they give and to evidence that our service is making a difference and respects equality. Scarborough Survivors are committed to maintain the confidentiality of those who use our services. Any information we provide to other agencies is completely anonymous. The only exceptions are where we believe someone to be at risk personally or are a risk to others or we are required to discuss information by law.

I am Male / Female

I would describe my ethnic / racial origin as:

White British / White Irish / Another White background / Mixed White & Black

Caribbean / Mixed White & Black African / Mixed White & Asian

Any other mixed background (please specify) .....

Do any other members of your family have mental health problems?

YES  NO

Are you, or have you been, a carer for someone with mental health problems?

YES  NO

Would you say that you have problems with substances misuse (drugs or alcohol)?

YES  NO

**Did you self-refer to become a member? YES  NO**

*If YES – how did you find hear about us? (please tick the one that applies)*

Mental Health Services  GP/Primary Care  Social media

Information leaflet  Another voluntary group  Another source

**Were you referred by another agency or organisation? YES  NO**

*If YES – please provide the name(s) of the group or other source of the referral:*

.....  
.....

**Do you receive ongoing support from any other agency or organisation?**

YES  NO

*If YES – please provide the name(s) of the agency or organisations that help you:*

.....  
.....

**What do you hope to get out of being a member of Survivors?**

*(please tick all that apply)*

- Social contact                       Practical/emotional support                       Counselling   
Information/signposting                       Use of facilities                       Training/skills   
Other (please specify) .....

**We are always looking for people who can help us run the Resource Centre –  
would you be willing to help out either now or in the future?**

*(please tick the one that applies)*

- Reception                       Coffee bar                       Cleaning   
Being a trustee                       Office & admin work                       Events   
Fundraising                       Social activities                       Sharing a skill

Do you have any particular talents or skills which you would be able to share with us? .....

Thank you for your time to complete this application form fully. You have our assurance that we will keep this information in a secure location. We will only use the information you have provided to help us run a service best suited to your needs. Any data that we share with other organisations is always anonymised.

For official use only

Name .....

Membership no. ....

Member since .....

## Convictions Declaration Form

Scarborough Survivors has a duty to ensure that **ALL** members are safe when involved in Scarborough Survivors and its activities.

*The charities objectives are to promote the relief of persons who are over the age of 18 and who have, or have suffered, mental health difficulties, in particular but without limitation, by the provision of a resource centre and offering assistance, support and information to such persons.*

We do this in a number of ways, one being: offering a safe place for people to attend and participate in activities and social inclusion.

To keep our vulnerable members safe (vulnerable adult means: anyone over the age of 18 who may have learning disabilities, mental health problems, is elderly, frail or ill, or who cannot take care of themselves or protect themselves without help). The membership criteria policy is to put a safeguard into the membership criteria.

### Rehabilitation of Offenders Act 1974

Criminal Records – a person's offence will remain on file for life if they have been convicted of: indecency; sexual offences; violence; possession of Class A drugs; offences involving a child or vulnerable adult.

Do you have any convictions against vulnerable people? Or have you any charges pending relating to convictions against vulnerable people?

I (please print name) ..... **DO / DO NOT**  
have any convictions against vulnerable people.

I (please print name) ..... **DO / DO NOT**  
have any charges pending relating to convictions against vulnerable people.

**Please note: making a declaration will not necessarily mean you cannot become a member of Scarborough Survivors.**