



### Levenshulme Good Neighbours - Client Registration Form

<b>Name:</b>	<b>Date of Referral:</b>
<b>D.O.B.</b>	
<b>Gender:</b>	
<b>Phone Number Mobile / Home</b>	
<b>Address:</b>	
<b>KEY CODE:</b>	

<b>Client Emergency Contact:</b>	<b>GP:</b>
<b>Phone Number:</b>	<b>GP Phone Number:</b>

<b>Referred by:</b>	
<b>Referrer Phone:</b>	
<b>Referrer Email:</b>	
<b>Referrer Notes:</b>	

**About the Client:**

**History:**

**Problems affecting sight/hearing/mobility:**

**Client interests:**

**Does the client have a preference for a male or female volunteer?**

**What activities would the client be interested in?**



I consent to Levenshulme Good Neighbours storing my personal details.

I consent to Levenshulme Good Neighbours sharing my personal details with a volunteer so that I may be contacted by the volunteer. However, I understand that I will be introduced in person to volunteers by the Levenshulme Good Neighbours coordinator before my personal details are shared.

I understand that my personal details will be stored in accordance to the data protection act.

I agree to be contacted by Levenshulme Good Neighbours about events, activities and other offers that may be of interest to me.

I understand that Levenshulme Good Neighbours will not give my information to a third party outside of the organisation.

Name:

Signature:

Equal Opportunities Monitoring Form

Ethnicity Monitoring Form

- |                                    |                          |                                  |                          |
|------------------------------------|--------------------------|----------------------------------|--------------------------|
| White British                      | <input type="checkbox"/> | Asian / Asian British: Pakistani | <input type="checkbox"/> |
| White Irish                        | <input type="checkbox"/> | Asian / Asian British: Indian    | <input type="checkbox"/> |
| White Other                        | <input type="checkbox"/> | Asian / Asian British: Other     | <input type="checkbox"/> |
| Mixed White and Black Caribbean    | <input type="checkbox"/> | Black / Black British: Caribbean | <input type="checkbox"/> |
| Mixed White and Black African      | <input type="checkbox"/> | Black / Black British: African   | <input type="checkbox"/> |
| Mixed White and Asian              | <input type="checkbox"/> | Black / Black British: Other     | <input type="checkbox"/> |
| Mixed Other                        | <input type="checkbox"/> | Chinese                          | <input type="checkbox"/> |
| Asian / Asian British: Bangladeshi | <input type="checkbox"/> | Other                            | <input type="checkbox"/> |

