

People Matters (West Yorkshire) C.I.O

41 Barkston House

Croydon Street

Leeds

LS11 9RT

**People Matters Membership Form**

Initial contact information for all enquiries

Service required (please circle)\*: **Outreach Support / Adult Learning / Preparation for Work / Job Club / Nourishing People / Teens & Twenties / Volunteering / Advice & Guidance / Job Coaching**

**All boxes marked with an \* need to be completed**

|  |  |
| --- | --- |
| **Date of initial contact\*:** | |
| **Name\*:** | |
| **Date of Birth\*:** | |
| **National Insurance Number** (if known)**:** | |
| **Age\*** *(Please Circle)*: Under 18 19--24 25--65 65+ | |
| **Address\*:**  **Postcode\*:** | |
| **Home Telephone Number: Mobile Number:**  **Email address:**  **Staff number** *(If applicable):* | |
| **Is this supported living: Yes No**  **If yes, who is the provider:**  **If yes, please provide your house contact number:** | |
| **Do you get support through Children’s or Adult Social Services?**  **Yes** *(See below)* **No**  **Social Worker Name:**  **Social Worker Contact number:**  *If you do not know these details, please pass this form on to someone who does know and ask them to complete them for you.* | |
| **Do you have an EHC Plan** | **Yes No Pending** |
| **The following information needs to be completed by everyone when they become a member, except Volunteers who should be referred straight to the Volunteer Coordinator.** | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Emergency Contact 1\*:** *(In case you become ill or have an accident)* | | | | | | | | | | | | | | | | |
| **Name\*:** | | | | | | | | **Relationship to you:** | | | | | | | | |
| **Address including postcode** *(If different from your address)***:** | | | | | | | | | | | | | | | | |
| **Home number\*: Mobile Number\*:** | | | | | | | | | | | | | | | | |
| **Emergency Contact number 2:** | | | | | | | | | | | | | | | | |
| **Name:** | | | | | | | | **Relationship to you:** | | | | | | | | |
| **Address including postcode:** | | | | | | | | | | | | | | | | |
| **Home Number: Mobile number:** | | | | | | | | | | | | | | | | |
| **Your Doctor:** | | | | | | | | | | | | | | | | |
| **Name:** | | | | | | | | | | | | | | | | |
| **Address including postcode:** | | | | | | | | | | | | | | | | |
| **Phone number:** | | | | | | | | | | | | | | | | |
| The following questions will provide us with some general information which will allow us to support you and give you proper care while you are at People Matters. We may ask you these questions again in the future to ensure that our information is up to date. As you engage with further services, activities or courses you may be asked to provide further information. | | | | | | | | | | | | | | | | |
| 1. Please tell us about any health issue or disability such as a learning difficulty, medical condition, mental health difficulty or anything else.  What kind of help might you need to take part in activities with us?  2. Is there anything you would like to tell us about the care you might need? *(e.g if you have seizures or panic attacks etc.)*  3. Is there anything you should avoid? *(Alcohol, flashing lights, fairground rides or heights)*  4. Do you have any allergies? *(Bee or wasp stings or food allergies etc.)*    **Yes / No**  If yes, what are they?  5. Are you taking any medication that we would need to know about whilst you are with us?    **Yes / No**  If yes do you need us to remind you to take them at the correct time?  **Yes / No**  6. Do you have any problems going up or down stairs? **Yes / No**  7. Could you use the stairs to exit the building in an emergency? **Yes / No**  8. What assistance if any would you need to do this? *(please let us know below)*    9. Do you need any prompting or help with going to the toilet? **Yes / No**  10. Tell us a little about how you communicate *(Speech, Makaton, other signing etc.)*  11. Please tell us how you will get to and from our activities  *(please circle as many as are applicable)*    Walk Bus Private car Taxi Other  On own With support With friend or family | | | | | | | | | | | | | | | | |
| **Equality and funding eligibility information** | | | | | | | | | | | | | | | | |
| **Ethnicity** | | | | | | | | People Matters acknowledges that sex and gender identity are more complicated than a male/female binary. Unfortunately, some funders require us to ask the following question in this format. | | | | | | | | |
| Code |  | | | | | **Tick** | |
| **White** | | | | | | | |
| 31 | English/Welsh/Scottish/  Northern Irish/ British | | | | |  | | **Sex** | | | | | **Tick** | | | |
| 32 | Irish | | | | |  | | Male | | | | |  | | | |
| 33 | Gypsy or Irish Traveller | | | | |  | | Female | | | | |  | | | |
|  | | | | | | | | Prefer not to say | | | | |  | | | |
| **Mixed / Multiple Ethnic Group** | | | | | | | | **Learner Background and Additional Info** | | | | | | | | |
| 35 | White and Black Caribbean | | | | |  | |  | | | | | **Tick** | | | |
| 36 | White and Black African | | | | |  | | Offending background | | | | |  | | | |
| 37 | White and Asian | | | | |  | | Lone Parent | | | | |  | | | |
| 38 | Any other mixed or multiple  Ethnic background | | | | |  | | Refugee with indefinite leave to remain in the UK | | | | |  | | | |
| **Asian / Asian British** | | | | | | | | Asylum Seeker | | | | |  | | | |
| 39 | Indian | | | | |  | | English is not first language | | | | |  | | | |
| 40 | Pakistani | | | | |  | | Literacy & numeracy needs | | | | |  | | | |
| 41 | Bangladeshi | | | | |  | | Prefer not to say | | | | |  | | | |
| 42 | Chinese | | | | |  | |  | | | | | | | | |
| 43 | Any other Asian background | | | | |  | |
| **Black / African / Caribbean / Black British** | | | | | | | | **Residential status** | | | | **Tick** | | | | |
| 44 | African | | | | |  | | UK Citizen and resident in the UK for the last 3 years | | | |  | | | | |
| 45 | Caribbean | | | | |  | | Any nationality and resident in the UK for the last 3 years | | | |  | | | | |
| 46 | Any other Black, African, Caribbean background | | | | |  | | EU national and resident in the EU for the last 3 years | | | |  | | | | |
| **Other Ethnic Group** | | | | | | | | Refugee | | | |  | | | | |
| 47 | Arab | | | | |  | | Asylum seeker | | | |  | | | | |
| 98 | Any other ethnic background | | | | |  | | None of the above | | | |  | | | | |
| 99 | Prefer not to say | | | | |  | |  | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **Disability, Learning Difficulties, Health Problems** | | | | | | | | | | | | | | | | |
| **Do you consider yourself to have a learning disability and/or a health problem?** | | | | | | | | **Are you a carer? *(do you look after someone else?)*** | | | | | | | | |
| Yes | | | | | |  | | Yes | | | | | |  | | |
| No | | | | | |  | | No | | | | | |  | | |
| **Disability, Learning Difficulty, Health problems (continued)** | | | | | | | | **Highest Qualifications already gained** | | | | | | | | |
| **Code** | |  | | | | **Tick** | |  | | | | **Tick** | | | | |
| 04 | | Visual Impairment | | | |  | | Entry Level | | | |  | | | | |
| 05 | | Hearing Impairment | | | |  | | Level 1 | | | |  | | | | |
| 06 | | Disability affecting mobility | | | |  | | Level 2 | | | |  | | | | |
| 07 | | Profound complex disabilities | | | |  | | Level 3 | | | |  | | | | |
| 08 | | Social & emotional difficulties | | | |  | | Level 4 | | | |  | | | | |
| 09 | | Mental health difficulty | | | |  | | Level 5 and above | | | |  | | | | |
| 10 | | Moderate learning difficulty | | | |  | | Other qualification, level not known | | | |  | | | | |
| 11 | | Severe learning difficulty | | | |  | | No qualifications | | | |  | | | | |
| 12 | | Dyslexia | | | |  | |  | | | | | | | | |
| 13 | | Dyscalculia | | | |  | | **Contacting You** | | | | **Tick** | | | | |
| 14 | | Autism spectrum disorder | | | |  | | You can agree to be contacted about courses or learning opportunities by ticking this box | | | |  | | | | |
| 15 | | Asperger’s syndrome | | | |  | | You can agree to be contacted for surveys and research by ticking this box | | | |  | | | | |
| 16 | | Temporary disability after illness or accident | | | |  | | Do **Not** contact me **at all** | | | |  | | | | |
| 90 | | Multiple disabilities | | | |  | | Learner **Not** to be contacted; no longer available | | | |  | | | | |
| 93 | | Other physical disability | | | |  | |  | | | | | | | | |
| 94 | | Other specific learning disability | | | |  | | **Contact Method** | | | | **Tick** | | | | |
| 95 | | Other specific condition *(epilepsy, asthma, diabetes etc.)* | | | |  | | Please contact me by post | | | |  | | | | |
| 96 | | Other learning disability | | | |  | | Please contact me by telephone | | | |  | | | | |
| 97 | | Other disability | | | |  | | Please contact me by email | | | |  | | | | |
| **98** | | **No disability** | | | |  | |  | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **Employment Status** | | | | | | | | | | | | | | | | |
| **Code** | |  | | | | | | | | | | **Tick** | | | | |
| 10 | | In paid employment | | | | | | | | | |  | | | | |
| 11 | | Not in paid employment, looking for and available to start work | | | | | | | | | |  | | | | |
| 12 | | Not in paid employment, not looking for and or not available to start work | | | | | | | | | |  | | | | |
| 98 | | Not known or none provided | | | | | | | | | |  | | | | |
|  | | In school or college for at least 3 days per week | | | | | | | | | |  | | | | |
|  | | | | | | | | | | | | | | | | |
| **If you have a paid job, how many hours do you work per week?** | | | | | | | | | | | | | | | | |
| Less than 16 | | |  | 16 -19 | | | | |  | 20 or more | | | | | |  |
| **If you are unemployed, how long have you been unemployed?** | | | | | | | | | | | | | | | | |
| Less than 6 months | | |  | 6 – 11 months | | | | |  | 12 – 23 months | | | | | |  |
| 24 – 35 months | | |  | 36 months or more | | | | |  |  | | | | | | |
| **If you receive benefits is it;** | | | | | | | | | | | | | | | | |
| Job seekers Allowance *(JSA)* | | |  | Employment and Support Allowance *(ESA WRAG)* | | | | |  | Universal Credit | | | | | |  |
| Other *(Not including JSA, ESA or Universal Credit)* | | |  |  | | | | |  |  | | | | | |  |
|  | | | | | | | | | | | | | | | | |
| **Are you self-employed?** | | | | | | | | | | | | | | | | |
| Yes | | |  | No | | | | |  |  | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **Recording Images** | | | | | | | | | | | | | | | | |
| Here at People Matters we like to record your journey with us through photographs and video recordings. Which from time to time we may use on our Marketing literature, Website and our Social Media accounts we may also upload video to our YouTube channel.  To be able do this, we need your permission so could you please read the two following statements very carefully and **tick one box only** | | | | | | | | | | | | | | | | |
| I give my permission for People Matters to take my photo or record me and use the images at their discretion | | | | | | | | | | |  | | | | | |
| I do **Not** give my permission for People Matters to take my photo or record me | | | | | | | | | | |  | | | | | |
| **Health & Safety** | | | | | | | | | | | | | | | | |
| I understand that People Matters supports a **no smoking** environment. Therefore, if I wish to smoke I will need to find a designated smoking area and that I know that I will not receive any support while I am smoking. **Please tick or initial this box to say that you have read and understand this policy** | | | | | | | | | | |  | | | | | |
| When you join a group, the ground rules will be explained to you. This will help to keep you safe. You should also receive a copy of our Members Guide when you join a group. | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **Advice and Guidance** | | | | | | | | | | | | | | | | |
| I have received Information, advice and guidance about what I am going to do with People Matters | | | | | | | | | | | | | | | | |
| Yes | | | | |  | | No | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | |
| **Services member is accessing upon joining** | | | | | | | | | | | | | | | | |
| Outreach | | | | |  | | Adult Learning | | | | | | | |  | |
| Preparation for work | | | | |  | | Job Club | | | | | | | |  | |
| Nourishing People | | | | |  | | Teens & Twenties | | | | | | | |  | |
| **By signing this form, you are saying that:** | | | | | | | | | | | | | | | | |
| * You are happy for us to keep the information you give us, to store it electronically and to use it for People Matters (West Yorkshire) business. * To share it only with the organisation(s) who fund us *(We have to, to get the money to provide our activities)* * You are happy for us to contact you *(Except if you have stated so on this form.)* * You think the information provided about your support and personal care needs are right. * You are happy that the initial advice you have been given, and means that you are engaging with the right activities and services for you. * We can get your unique learner number, which you may have if you have attended a course before – *(If applicable)* * You think that the other information you have given us on this form is right. * You will try your best to follow the People Matters ground rules. * You have received information about and agree to pay any costs incurred. * You have provided the valid evidence required to ensure that you are eligible for services and – or concessions and that if evidence is not provided that you may incur full costs. * You will make every effort to attend activities, courses, appointments or sessions and that you will contact People Matters if you are unable to attend *(As early as possible.* | | | | | | | | | | | | | | | | |
| **I confirm that the information I have provided is correct** | | | | | | | | | | | | | | | | |
| **Signed (Member)** | | | | | | | | | | **Date** |  | | | | | |
| **Signed (On behalf of member)**  **Relationship to member** | | | | | | | | | | **Date** |  | | | | | |