

Application for Membership

Please complete both Parts of this form. You do not have to provide all of the details requested in Part 2 in order to become a member but if you do you will be helping us to ensure that we are truly representative of the population of the Forum area as a whole and make it easier to evidence our applications for Government funding.

PART 1

| | | | |
|--|--------------------------|--------------------|--------------------------|
| Family Name: | | Given Name: | |
| Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Cllr <input type="checkbox"/> Other: | | | |
| Home Address: | | Business Address: | |
| Postcode: | | Postcode: | |
| Telephone: | | Mobile: | |
| Email: | | | |
| Age group: | | | |
| 18-29 | <input type="checkbox"/> | 30-39 | <input type="checkbox"/> |
| 40-49 | <input type="checkbox"/> | 50-59 | <input type="checkbox"/> |
| 60-69 | <input type="checkbox"/> | 70-79 | <input type="checkbox"/> |
| 80-89 | <input type="checkbox"/> | 90+ | <input type="checkbox"/> |
| Are you disabled? ¹ Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| If yes, what do you need us to provide in order to allow you to participate fully? | | | |
| Wheelchair access | <input type="checkbox"/> | Step-free | <input type="checkbox"/> |
| Hearing aid loop | <input type="checkbox"/> | BSL interpretation | <input type="checkbox"/> |
| Large print | <input type="checkbox"/> | Chromatic paper | <input type="checkbox"/> |
| Other: | | | |
| Do you have any special dietary requirements (Please tick all that apply)? | | | |
| Nut-free | <input type="checkbox"/> | Gluten-free | <input type="checkbox"/> |
| Lactose-free | <input type="checkbox"/> | Soy-free | <input type="checkbox"/> |
| Vegetarian | <input type="checkbox"/> | Vegan | <input type="checkbox"/> |
| Other: | | | |

¹ By this we mean do you have a physical or mental impairment that has a substantial and long-term negative effect upon your ability to do normal daily activities? (Equality Act 2010 definition)

I hereby agree to become a member of the Birkenhead & Tranmere Neighbourhood Planning Forum. I understand that the information on this form will be treated as strictly confidential and will not be shared with any other organisation in a way that allows me to be personally identified. I agree that my contact details may be used to keep me informed of opportunities to participate fully in the production of our Neighbourhood Plan, to vote at General Meetings and to receive: a) minutes, reports and accounts, b) periodic mailings, and c) advance notification of social events, consultations and public meetings.

| | |
|-----------------------------------|-------|
| Full Name (please print clearly): | |
| Usual Signature: | Date: |

Membership Number:

Return to:

Chair, BATNPF
1 Lorn Court
Lorn Street
BIRKENHEAD
CH41 6SA

This part of the application will be stored separately from Part 1. Please return Parts 1 and 2 in the separate envelopes provided. This will ensure that no-one is able to match the responses to these very personal questions to your name.

PART 2

What is your racial identity?

Asian Black Chinese White Other:

What is your cultural identity?

African British Caribbean Eastern European English Indian
Irish Pakistani Vietnamese Other:

What is your sexual orientation?

Asexual Bi-sexual Heterosexual Homosexual Pansexual

What was your gender identity at birth?

Male Female Intersex

Has your gender ever been reassigned?

Yes No

What is your political affiliation?

BNP Conservative Green Labour Lib Dem UKIP None

What is your religion or belief?

Agnostic Atheist Buddhist Christian Hindu Humanist Islam
Jewish Shamanist Shintoist Sikh Taoist Other:

How much money comes into your household from all sources each year?

Up to £5,000 £5,001-£10,000 £10,001-£20,000 £20,001-£40,000
£40,001-£80,000 £80,001-£100,000 More than £100,000

What is your home tenure?

Owner occupier Tenant (Social) Tenant (Private) Squatter Homeless