

EIGHT BELLS FOR MENTAL HEALTH MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name:

Address:

Postcode:

Email:

Tel No:

Mobile:

Date of birth:

Sex (M/F):

ETHNICITY (PLEASE TICK ONE)

White - British:

White – Irish:

White – Other:

Asian or Asian British:

Black or Black British:

Mixed:

Any Other (please specify):

CONTACT IN CASE OF EMERGENCY

Name of a relative/friend:

Address:

Phone:

Relationship:

DIAGNOSIS (IF YOU HAVE ANY)

Diagnosis:

HOW DID YOU HEAR ABOUT EIGHT BELLS FOR MENTAL HEALTH?

Website:

Referral (if so, whom):

Other (please say):

SIGNATURE

Signed:

Date:

These details are strictly confidential and cannot be given out for any reason without your permission in accordance with the Data Protection Act.

Please complete and return to:

Eight Bells for Mental Health, c/o Friends Meeting House, Highfield Avenue, Newbury RG14 5DS