



Hubb.org.uk Support Group

HUBB Support Group MEMBERSHIP FORM dated 4-1-17

TO ALL NEW AND EXISTING MEMBERS: PLEASE COMPLETE THIS FORM AND RETURN

to admin@hubb.org.uk or bring along to the next meeting.

This Form complies with UK Data Protection legislation. The personal information is held by the HUBB Secretary in confidence, & may only be obtained or shared with the Member's consent. Anonymous data eg Average ages, may be collated for funding purposes. *Questions marked * are optional.*

Your Full Name:.....

Address:.....

.....Postcode.....

Telephone No:Email:.....

Which is your Age group? 18-30 31-45 46-60 Over 60

How do you describe your Gender?.....Your Nationality?.....

*Your Date of Birth?.....*Your Religion if any?.....

*Are you Married? Single ? Other?

*Do you usually live alone? YES NO *(If so, you could ask HUBB to seek help for you if in distress)*

Are you currently a HUBB Member? YES NO ; a Carer for a HUBB member? YES NO

Do you have a Disability? YES NO

Does this cause Physical problems? YES NO Mental problems? YES NO

Known Allergies: (food).....*(To help us plan our Meeting Buffets)*

Would you like to be involved in HUBB's Committee work? Yes No

(If YES, we will send you some ideas to discuss with us)

Signed:.....Date :.....Received by.....

For information contact HUBB at admin@hubb.org.uk. or Secretary on 07985-983673

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