



Merton Youth Service - Membership Details QA4.a

Membership Number:

Name of Youth centre:

Date: _____/_____/____ 200

Your name: first last

Date of Birth: / / (day /month /year)

Are you? Female Male

Would you describe yourself as having any disabilities? Yes No

If yes, Learning Disability Physical Disability
 Sensory Impairment Other please specify

How would you describe yourself?

Asian or Asian British	<input type="checkbox"/> Bangladeshi <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Tamil	Dual Heritage	<input type="checkbox"/> Asian and White <input type="checkbox"/> African and White <input type="checkbox"/> Caribbean and White <input type="checkbox"/> Dual heritage other
Chinese	<input type="checkbox"/> Chinese	White	<input type="checkbox"/> British <input type="checkbox"/> Irish
Black or Black British	<input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Black British	Other (please specify)	<input type="checkbox"/>
		Prefer not to say	<input type="checkbox"/>

What is your Religion/Belief/Faith

What is your sexual orientation
Heterosexual Gay
Transgender Not Sure
Please tick a box
Lesbian Bisexual
Prefer not to say

Please tell us about any medical conditions you may have?

Your Address
Postcode
Home Telephone
Mobile No.
Email Address

Emergency Contact

Name of Contact	
Telephone No.	
Mobile No.	

Some of the information on this form may be kept on a computer database by Merton Youth Service. From time to time we may send you information on things that might interest you.

Please tick this box if you do not want to receive any information from us in the future.
Please tick this box if you do not want to receive any text messages from us in the future.

Your signature _____	Date _____
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School, College, training, employment or carer

Are you?	<input type="checkbox"/> At College (Full Time)	<input type="checkbox"/> At College (Part Time)
	<input type="checkbox"/> At School	<input type="checkbox"/> On a Training Scheme
	<input type="checkbox"/> At University (Full Time)	<input type="checkbox"/> At University (Part Time)
	<input type="checkbox"/> Unemployed (Not Claiming)	<input type="checkbox"/> Unemployed (Claiming)
	<input type="checkbox"/> Employed (Full Time)	<input type="checkbox"/> Employed (Part Time)
	<input type="checkbox"/> Doing Voluntary Work	<input type="checkbox"/> Carer for member of family
	<input type="checkbox"/> Parent	<input type="checkbox"/> Prefer not to Say

Please list any other clubs or activities you do:

What are your interests?

Are you a member of any youth or school councils, if yes which?

What is your first language?

How did you hear about us?

Name of youth worker Helping you with this form
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