

# Watford Mencap

As part of our aim to improve the service we offer to people who use our services we are asking everyone to fill in this form. The information we are requesting will enable us to provide people with a service that meets their needs as well as ensuring we know how best to communicate with them. You don't have to tell us this information however, we would encourage you to try to answer every question as it will enable us to improve the service we are able to offer you. We understand that some of the questions are extremely personal and everything you tell us will of course be treated with the strictest confidentiality. If you do not want to give the information please tick 'I don't want to say'. If you would like help to complete the form please contact us.

**Please do take a few minutes to complete and return this form. By providing us with the correct contact information we will be able to communicate with you in the most cost effective way, ensuring that the charities funds are used in the best possible way to support local families**

Please return this form to Watford Mencap, Freepost RSGT-LLTELBT, The Old Town Hall, 105 High Street, Rickmansworth, WD3 1AN. Alternatively you can find the form on our website and once completed please email it to [rkreloff@watfordmencap.org.uk](mailto:rkreloff@watfordmencap.org.uk)



## Contacting You

We want to contact people in the way that they prefer and also want to avoid duplication and expense. Please tell us how you want to be contacted.

### What is the best way for us to contact you?

By email  By post  By telephone

### How would you like us to send information to you?

By email  By post

### If you receive our newsletter In Touch, how would you like to receive it?

By email  By post

***If you have requested post we will only send one copy to each household***



## About You

Name:

Address:

Telephone Number:

Mobile Number:

Email address:

Are you a    Man                       Woman                       I don't want to say

Do you live and work full time in the gender opposite to that assigned at birth?

Yes                       No                       I don't want to say

### Age

Please give us your date of birth     or tick the age band you are in:

Under 16                       16 - 24                       25 - 34                       35 - 44

45 - 54                       55 - 59                       60 - 64                       65 - 69

70 - 80                       Over 80                       I don't want to say

### Marital /Family Status

Are you

Single                       Married                       Civil Partnership

Long term Partner                       Divorced                       Separated

Widowed                       Other                       I don't want to say



## Caring Responsibilities

Do you have:

Children

Yes

No

I don't want to say

If yes

Are they at school?

Yes

No

Do they have a disability?

Yes

No

Any other caring responsibilities

Yes

No

I don't want to say

(please write in)

## Disability and Health.

Do you consider yourself to have a long term physical, mental health, health condition or disability?

Yes

No

I don't want to say

If yes

Are you registered disabled?

Yes

No

Are you a blue badge holder?

Yes

No

What is your disability, mental health or other health issue?

Physical/mobility

Sensory

Mental health

Learning

Health Diagnosis

Other  (please write in)

I don't want to say



## Ethnic Group

Please tick just the one box you think best describes your cultural background.

### White

English/Welsh/Scottish/Northern Irish/British

Gypsy or Irish Traveller

Irish

Any other White background

(please write in)

### Mixed/Multiple Ethnic Group

White and Asian

White and Black African

White and Black Caribbean

Any other Mixed/Multiple ethnic background

(please write in)

### Asian / Asian British

Indian

Pakistani

Bangladeshi

Chinese

Any other Asian background

(please write in)

### Black / African / Caribbean / Black British

African

Caribbean

Any other Black/African/Caribbean background

(please write in)

### Other Ethnic Group

Arab

Any other ethnic background

(please write in)

I don't want to say



## Religion or Belief

Which group below do you most identify with?

No Religion

Baha'i

Buddhist

Christian  (Including Church of England, Catholic, Protestant and all other Christian denominations)

Hindu

Jain

Jewish

Muslim

Sikh

Any other religion or belief  (please write in)

I don't want to say



## Appropriate Support

We try and make our support and services as accessible as possible but please tell anything that you think we should know in order for us to support you in the best way possible. This might be a translator, letters in large print, male or female only workers or anything else you think might be important.

Please give details





## Photographs

Sometimes we take pictures or video events which we may use in Watford Mencap leaflets, newsletters and other promotional material or on our website.

**Do you agree to Watford Mencap using your photograph in this way?**

Yes

Please contact me before use

No



## Data Protection

In order to provide a service to you we need to keep all information about you and the law says we must get your consent to do this. All information will be kept for a period of six years from the last contact we have with you, when it will be disposed of confidentially. If you would like to know more about this, please contact us.

### How the information will be used

Everything you tell us will be treated confidentially and will only be shared, with your consent with others that we think will be able to help you. To ensure people accessing Watford Mencap receive a quality service, individual files may also be audited by outside agencies that are required to monitor the quality of our services.

If you choose not to give us permission to keep the information we will do our best to help you but this may be limited.

### Declaration

I confirm that I have understood how Watford Mencap will use my information and agree that they can keep it.



**Signature** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

