

INUF Membership Form

For your membership form to be accepted, you must meet the following criteria:

	To be filled in by staff
1. Have a mental health condition, be a survivor, a carer or a mental health professional	
2. Be a resident of Newham	
3. Be over the age of 18 years	
4. You must provide details of your referee and permission of consent so we can carry out a risk assessment	
5. You must provide supporting documentation that includes your address. This can include: bank statement, Utility bill, benefit letters, UK Driving Licence, etc.	
6. £10 Administration fee must be submitted with the application form	
7. You must make sure all the form is filled in.	

If you require support to fill in this form please do not hesitate to ask our receptionists, alternatively if you have any queries regarding the above criteria, please contact us on 020 8534 2488. Once you submit the form, we will contact your referee. Please allow 21 days for your application form to be processed. We will then contact you with the outcome and then invite you to the induction that takes place every Monday at 3pm.

8. Induction date	
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Independent **N**ewham **U**sers **F**orum (for mental health)
Ithaca House, 27 Romford Road, Stratford, London E15 4LJ
T: 020 8534 2488 **E:** admin@inuf.org **W:** www.inuf.org

Referee Details:

FORM RECEIVED BY:

(This page will be checked for completion by the INUF Reception Admin)

Name:	
Organisation:	
Phone/Mobile:	
E-mail:	

Reception Admin name:	
Date Received:	
Check for accurate completion:	
Administration fee	

PERSONAL CONTACT DETAILS:

Name: _____

Address: _____

Postcode: _____ Date of birth: _____

Phone/Mobile: _____

E-mail: _____

Please let us know how you would like to be contacted *(Please tick a box)*:

By Phone ☐ Email ☐ I do not wish to be contacted ☐

DEMOGRAPHICS:

Are you a... (Please tick a box)

Mental Health Service User ☐ Carer/Relative ☐ Survivor ☐ Professional ☐

EMERGENCY CONTACT DETAILS:

In the event of absence, emergency or personal distress INUF may be required to contact additional support. **This information is compulsory and required to assist with your personal safety.**

Support Worker/Carer

First person: _____

Relative

Second person: _____

Role: _____ Relation: _____

Contact No.: _____ Contact No.: _____

INTERESTS:

Which of the following groups/activities/events would you like to participate in or receive help from once you are a member?

Health & Wellbeing <i>Social, fitness & wellness activities, outings & events</i>		Help & Advice <i>Advocacy, job hunting, advice workshops etc</i>	
Training <i>Courses, NVQ etc</i>		Involvement <i>Meetings, representing, volunteering- Additional form is required for volunteering</i>	

If the areas of support are not specifically identified or you would prefer to elaborate please use the space below:

MONITORING AND EVALUATION:

Ethnic Origin					
Asian or Asian British		White		Chinese	
Bangladeshi		British		Chinese	
Indian		Irish		Chinese British	
Pakistani		Any other White Background		Any other Chinese background	
Any other Black background					

Black or Black British		Mixed		Any other ethnic group, please write in here:	
Black African		Black African and White			
Black Caribbean		Black Caribbean and White			
Black Mixed		Any other Black background			
Any other Black background					

Age					
16 – 21		36 – 40		56 – 60	
22 – 25		41 – 45		61 – 65	
26 – 30		46 – 50		66 – 70	
31 – 35		51 – 55		over 70	

Sex			
Male		Female	

Disability			
I have a disability		I do not have a disability	

GROUND RULES

As a member of INUF our expectation is that:

- You have respect for other users of Ithaca House (the building location)
- You demonstrate tidiness, cleanliness and general cleaning up after yourself when using INUF facilities
- You take responsibility for yourself
- You respect others opinions
- You respect others space
- No racism, no offensive and no foul language (comments) or unacceptable behaviour as identified in the Zero Tolerance Policy (ask Staff or Reception)
- Aggressive behaviour and speech will result in a verbal warning. Further warnings may result in suspension from INUF premises and representation
- Unauthorised use of INUF equipment and resources (computers, photocopier, stationery, telephones, etc) are prohibited and only supported with the advice and guidance of Staff Members
- If someone appears unwell and you are concerned for a group member (or indeed yourself) please inform an INUF member of Staff immediately

Please note that failure to adhere to the Ground Rules, for the personal health and safety of yourself as well as those around you, may result in an instant temporary suspension from INUF services or permanent suspension from all INUF services.

Name: _____

Signature: _____
(By signing this form you agree to abide by and be bounded by these rules)

The Ground Rules will be reviewed annually and are subject to change via Service User Forum consultation, Staff member consultation or Management Committee consultation.



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Risk assessment consent form

I give my consent for _____ of _____
or any other mental health professional who deals with me, to answer any questions posed, whether
verbally or via email, by staff members of the Independent Newham Users' Forum regarding my mental
health, in order for me to become a member of INUF.

The answering of the questions by the health professional I have elected is a prerequisite of membership,
so I would be grateful for your cooperation.

Name: _____

Signature: _____

Date: _____



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Data Protection

Information held on this form will be treated as confidential in accordance with the The General Data Protection Regulation (GDPR) 2018. INUF is committed to protecting and respecting your privacy. For any personal data you provide to us we are responsible for storing and processing that data in a fair, lawful, secure and transparent way. INUF are often required by those who provide funding to disclose age, ethnic, gender groupings to ensure fair access and balance to our services and this is for statistical purposes only.

Why we need your personal data

We collect your data for five key reasons:

1. To enable us to provide necessary support
2. For emergency purposes, any health related data we hold on you is only used for the purposes of running safe and secure sessions at INUF. The information will help us treat you and contact someone in case of an emergency.
3. To provide you with the information and services you ask for
4. For statistical purposes when we evaluate our range of services
5. To tell you about other services we think may be of interest to you

Your rights regarding your personal data

You have the right, at any time, to request access to your personal data. You are also not obliged to share your personal data with INUF, however if you choose not to share your personal data with us we may not be able to accept your membership.

Please contact us if you have any questions or would like to read our General Data Protection Regulation (GDPR) Policy in full.

Giving my consent

I understand, and I am content with how INUF – the Independent Newham Users Forum will process my data.

Name: _____

Signature: _____

The Independent Newham User Forum – for mental health (INUF) would like to thank you sincerely for taking your time to complete and return this form to:-

INUF, Ithaca House, 27 Romford Road, Stratford, London, E15 4L