



...

SMD Ambassador Application

First Name

Surname

Address

.....

Contact Tel.

Email

What I feel I can bring to the role

.....

.....

.....

.....

What I would learn from the role

.....

.....

.....

.....

How did you hear about this opportunity?



Volunteer Data Collection and Consent Form

When you Volunteer with **Disability Action Haringey (DAH)**, you will provide us with information which we will store confidentially (primarily digitally, but this may include some hard copy files). Your privacy is important to us, and this form asks for your acknowledgement that **DAH** will gather and store your information securely and in line with the UK law on data protection. Our privacy policy is on our website, and is available in hard copy on request.

By signing this form, you are consenting to **DAH** holding your data and contacting you, we may contact you using a variety of the options below. **If you would preferus not to contact you in a certain way tick all that apply.**

Phone ☐ Voicemail ☐ Text Message (SMS) ☐ Email ☐ Post ☐

Can we keep you informed about DAH services, projects and news?
Can we keep you informed about other relevant local services?

If we support you via our Information and Advice service or any other projects, with your consent we may need to share your details with other organisations, or contact them to request your information, if you ask us for support? (Please tick if you grant consent):

Can we share your details with other organisations?
Can we request your information from other organisations?

You can change or withdraw these consents at any point by letting us know.

Signature	
Print Name	
Signed on behalf of:	
Date	

Please note that sometimes we can share information without your consent, for example when the sharing of information will prevent a crime, protect a child or young person, where we have a contractual obligation (legitimate interest) or for emergency health reasons



Equalities Monitoring Form

Disability Action Haringey (DAH) aims to create an inclusive environment and welcomes members and service users from all backgrounds; completing this form will help us to ensure we achieve this as well as allowing us to gather information summaries required by our funders.

Completion is voluntary, and, once entered into our system, data will be held anonymously and in accordance with our GDPR/Privacy Policy.

Gender

☐ Female Non-binary ☐

☐ Male Prefer not to say ☐

☐ Other (specify if you wish)

Is your gender identity the same as you were assigned at birth?

☐ Yes

☐ No

☐ Prefer not to say

Ethnicity

White

<input type="checkbox"/>	British
<input type="checkbox"/>	European
<input type="checkbox"/>	Gypsy/Traveller
<input type="checkbox"/>	Irish
<input type="checkbox"/>	Other white (specify if you wish)
<input type="text"/>	

Asian

<input type="checkbox"/>	Chinese
<input type="checkbox"/>	Bangladeshi
<input type="checkbox"/>	Indian
<input type="checkbox"/>	Pakistani
<input type="checkbox"/>	Other Asian (specify if you wish)
<input type="text"/>	

Mixed

<input type="checkbox"/>	Asian and white
<input type="checkbox"/>	Black African and white
<input type="checkbox"/>	Black Caribbean and white
<input type="checkbox"/>	Other mixed (specify if you wish)
<input type="text"/>	

Black

<input type="checkbox"/>	African
<input type="checkbox"/>	Caribbean
<input type="checkbox"/>	Other black (specify if you wish)
<input type="text"/>	

Other

<input type="checkbox"/>	Arab
<input type="checkbox"/>	Prefer not to say
<input type="checkbox"/>	Other (specify if you wish)
<input type="text"/>	



Sexual orientation

☐
☐
☐
☐

Bisexual
Gay man
Lesbian

☐
☐
☐

Heterosexual/straight
Prefer not to say
Transgender

☐

Other (specify if you wish)

Are you married or in a civil partnership?

☐

Yes

☐

No

☐

Prefer not to say

Do you consider yourself to have a disability or health condition that has a substantial and/or long-term impact on your ability to carry out day-to-day activities? Please tick all that apply.

☐
☐
☐
☐
☐

Learning disability (e.g. dyslexia) or cognitive impairment (e.g. head injury)
Longstanding illness/condition (e.g. diabetes, cancer)
Mental health condition (e.g. schizophrenia, anxiety) Physical impairment/mobility issues
Neuro Diverse

☐
☐
☐

No condition/impairment
Prefer not to say
Other (specify if you wish)

Religion

☐
☐
☐

No religion
Buddhist
Christian

☐
☐
☐

Hindu
Jewish
Muslim

☐
☐
☐

Sikh
Prefer not to say
Other (specify if you wish)

This form is available in large print - please ask a member of staff.