

Please return to:
admin@cwatch-pembrokeshire.wales
 or post to: CWTCH (Pembrokeshire), 33
 St. David's Road, Letterston SA62 5SF

ASSOCIATE MEMBERSHIP FORM		
APPLICANT INFORMATION		
Name:	Date of birth:	
Tel no (home):	Tel no: (mobile)	
Email address:		
Current address (name/number/street address):		
Town/Village:	County:	Post Code:
How did you hear about CWTCH?		
How would you prefer to be contacted? (Please tick) Phone (home) <input type="checkbox"/> Phone/text (mobile) <input type="checkbox"/> E-mail <input type="checkbox"/> By post <input type="checkbox"/> Facebook messenger <input type="checkbox"/> We have a Facebook profile specifically for full-members only. Please tick this box if you're happy to be included in this profile and to be sent Facebook events: <input type="checkbox"/>		
What is your health condition?:		
EMERGENCY CONTACT/NEXT OF KIN		
Name	Relationship:	
Address (if different from above):		
Phone (home):	Phone (mobile):	
PRIVACY NOTICE		
<p>Under the Data protection act 1998 and GDPR, CWTCH (Pembrokeshire) will keep a record of the above details in a password protected database and paper copies in a locked compartment. We will only use this information to 1. Provide you with support and information on your health condition, 2. To keep you updated on CWTCH activities/events. We will not share your information with any third parties but under our safeguarding policy, should we have any concerns for your safety, we will share this information with a relevant organisation.</p>		
I have read the above statement. Signature:		Date:
I have read and accepted the CWTCH (Pembrokeshire) policies (available on our website)	Signature:	Date:

MARKETING

We use social networking sites (Facebook, Twitter and Instagram) and other media (newspapers, website) to advertise and raise awareness of our support group. From time to time, we may add photographs of members at events, days out etc. Please sign if you are happy for us to include you in the photographs (names will not be disclosed):

Name:

I am happy to be included in photographs. Signature:

Date:

I am not happy to be included in photographs. Signature:

Date:

CHARITY OBJECTS

As stated in our charity constitution, please read the following statement and sign below to say that you have read and accepted it:

“The protection and promotion of good health of persons aged 18 - 45 who are living with a chronic health condition in Pembrokeshire, in particular but not exclusively through the provision of support, recreational activities and information. For the purpose of this object “a chronic health condition” is a long term or incurable health condition or disease, including but not limited to arthritis, asthma, cancer, COPD, diabetes, fibromyalgia, HIV/AIDS and ME”

Signature:

Date: