**Families Moving On** - **Membership Application Form**

6-8 Dublin Road, Omagh, Co. Tyrone, BT78 1ES

Tel: 028 8225 0369 Email: [info@familiesmovingon.com](mailto:info@familiesmovingon.com)

**We can only assess this application based on the information provided below. Please ensure that all sections are complete before returning it to the office.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Forename** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Telephone No** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Surname** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Mobile No** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Address** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Email** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Gender** | M / F |
| **Postcode** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Marital Status** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Mother’s Maiden Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | **D.O.B** | \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ |

**Employment Status – are you currently**

Employed Protestant

Unemployed Catholic

Retired Other

Unable to work due to illness/disability Prefer not to say

**Please tell us how you have been affected by the Troubles in Northern Ireland. Tick the relevant box(es) below;**

Bereaved The deceased was my \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Directly Injured

Related to someone injured

Related to someone bereaved

Witness to acts / effects of terrorism

Forced to move home / employment due to sectarianism

Other – Please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**In order to accurately assess your application, can you please briefly explain the box(es) you ticked;**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you have a disability or health difficulty as a result of the above?** YES / NO

If yes, can you tell us how you have been affected \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you have a carer?** \_\_\_\_\_\_\_\_

**Do you provide care for someone else who has been affected by the Troubles in Northern Ireland?** \_\_\_\_\_\_\_\_

**Do you feel that you would benefit from access to our befriending services?** \_\_\_\_\_\_\_\_

**Do you feel that you, or someone you know who was affected by the Troubles in Northern Ireland would benefit from an assessment by our Health and Wellbeing Caseworker?** \_\_\_\_\_\_\_\_

**Applicants MUST declare if they are involved in any other victims’ groups.**

**Are you a member of another victims group?** YES / NO

**Are you a volunteer for another victims group?** YES / NO

**Where did you hear about Families Moving On? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**In compliance with data protection laws, do you authorise Families Moving On to hold your data for the duration of your membership with Families Moving On?** \_\_\_\_\_\_\_\_

**EMERGENCY CONTACT**

|  |
| --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |

Please provide details of someone we can contact in case of an emergency

**Forename**

**Surname**

**Telephone Number**

**Relationship**

**Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If proposed, by whom?**   **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NB:** It is **NOT** necessary to have applications signed by a proposer

**Membership Fee** Adults (18+) £10 Children £5 Senior Citizens (80+) Free

(Please note that our membership year runs from 1st April – 31st March)



Families Moving On

6-8 Dublin Road

Omagh

BT78 1ES

E: info@familiesmovingon.com

Telephone: 028 8225 0369

**Families Moving On**

**(Supporting Victims & Survivors of the troubles)**

**Organisational Database – Consent Form**

Under Data Protection legislation, Families Moving On (Data Controller) has a legal duty to protect any information it collects about you. The information provided on this ‘Organisational Database - Consent form’ will be used to register you on the Families Moving On database. This database will then be used in our service development processes to:

* Communicate with you as a Member/Volunteer/Partner/Colleague to inform you of organisational events/services and developments.
* To obtain your permission if we share data with any organisation in line with the overall support offered (e.g., welfare, financial or psychological support or signposting to statutory or voluntary organisations).
* Any information provided by you will not be disclosed to any other third party unless law or regulation compels such a disclosure.
* To store it securely for organisation purposes only.

The FMO database will be retained until such a time as it is superseded (as per FMO Document Retention and Destruction Policy), however, management will review the membership of the database annually.

All members have the right of access to any personal information or supplementary information held to confirm it is correct within one month of requesting this information.

You can request your details are removed from the Database at any time by contacting the FMO office on 02882 250369 or via email to: [info@familiesmovingon.com](mailto:info@familiesmovingon.com)

|  |  |
| --- | --- |
| **Name:** |  |
| **Organisation (if applicable):** |  |
| **Address:** |  |
| **Email Address:** |  |
| **Telephone Number:** |  |
| **Mobile Number:** |  |

**Consent to Process Your Data:**

**(Please tick as appropriate)**

1. I consent to receiving correspondence from Families Moving On 🞏
2. I prefer to be contacted via: Email 🞏 Post 🞏 Telephone 🞏
3. I consent to my ‘personal data’ being held as per the Membership form, i.e., emergency contact and reasoning for being a victim/survivor 🞏
4. I consent to my ‘sensitive data’ being held on file (e.g., medical notes, financial data, Individual Needs Consultation) 🞏
5. I consent to allowing my photograph to be taken for internal FMO publications and also for use on Families Moving On Facebook page 🞏
6. I consent to allowing my photograph to be included for external publication, i.e., the media, partner groups and/or by stakeholders 🞏