



Membership form

I wish to register as a member of MK CIL. I understand that membership is free and that I will have voting rights in addition to receiving a free newsletter. I will also be able to participate in members' forums. By registering as a member of MK CIL, I am agreeing to my name and contact details being stored electronically on a members' database which will be held at the offices of MK CIL.

Name: _____

Address: _____

Daytime Telephone Number: _____

Email Address: _____

How would you like to receive the free newsletter?

Post Large Print Version
Email

Are you happy for us to email you occasionally on other matters?

Yes No

Signed: _____ **Date:** _____

Please return by post marking the envelope 'membership' to:

**MK CIL Ltd
330 Saxon Gate West
Central Milton Keynes MK9 2ES**

Registered Charity Number 1096402

Data Protection & Ethnicity Form

DATA PROTECTION

In order to help you, we need to store information about you. The law says that we must have your consent to do this. The information that you give us may be shared with other organisations that we work with to provide services to you. Everything that you tell us will be treated confidentially.

I give my consent to Milton Keynes Centre for Integrated Living to:

- Record and process* personal information about me.
- Correspond on my behalf with any relevant third party
- Allow my file to be monitored for quality purposes
- Refer my case to a specialist agency if appropriate

Name: _____

Address: _____

Post code: _____

Signature: _____

Milton Keynes Centre for Integrated Living would like to keep you informed about its services and activities.

If you would prefer not to be contacted, please tick this box. []

ETHNICITY

The Equal Opportunities Policy of Milton Keynes CIL states we will not unjustifiably discriminate against anyone on the grounds of age, race, colour, nationality, religion, gender, disability, sexual orientation and marital status. In order that we can measure the impact of this on our services, would you please complete this form.

White British	[<input type="checkbox"/>]	Asian or Asian British Indian	[<input type="checkbox"/>]
White Irish	[<input type="checkbox"/>]	Asian or Asian British Pakistani	[<input type="checkbox"/>]
Any other White background	[<input type="checkbox"/>]	Asian or Asian British Bangladeshi	[<input type="checkbox"/>]
Mixed White & Black Caribbean	[<input type="checkbox"/>]	Any other Asian background	[<input type="checkbox"/>]
Mixed White & Black African	[<input type="checkbox"/>]	Chinese	[<input type="checkbox"/>]
Mixed White & Asian	[<input type="checkbox"/>]	Mixed African	[<input type="checkbox"/>]
Any other mixed background	[<input type="checkbox"/>]	Other mixed	[<input type="checkbox"/>]
Black or Black British Caribbean	[<input type="checkbox"/>]	Any other ethnic group	[<input type="checkbox"/>]
Black or Black British African	[<input type="checkbox"/>]	Prefer not to specify	[<input type="checkbox"/>]
Any other Black background	[<input type="checkbox"/>]		

This information is confidential and will be used for statistical monitoring purposes only.

*Process meaning collecting, storing, retrieving or organising data.