



## LIVING LIFE TO THE FULL: APPLICATION FORM

You should be able to fill in the electronic version of this form on your computer using <u>Acrobat Reader</u> or print it off and fill it in by hand. Please return by e-mail, post or hand to the address at the foot of the page. **If filling in electronically, please remember to save the form before sending it back** (several people have ended up returning empty forms by not doing this!)

Your Conta	ACT DETAILS		
Forename		Preferred name	
Surname		Phone number (mobile preferred)	
e-mail (or posta address	1)	(mobile preferred)	
INFORMATIO	N TO HELP US PLAN FUT	URE CLASSES	
What is your postcode?			
Where did you hear about these classes?			
Preferred starti	ng date ( <u>see website</u> for option	ns)	
CONTACTING	OTHERS (OPTIONAL)		
This might be a he	it helpful to be encouraged to att alth or care professional, a couns ur attendance with anyone then p	ellor, a relative or fr	iend. If you would like us to be
Name:		Role or relationship to you:	
e-mail:		Phone:	
SIGNATURE			
-	s form to us as an attachment to gnature. Otherwise please sign a		
Signature:		Date:	

## **CONTACTING YOU**

We prefer to contact you by e-mail. Normally this will be using circular e-mails. Your initial settings should mean that you only receive e-mails about *Living Life to the Full* classes and other events related to wellbeing. If you are not on e-mail then it really helps us to have a mobile number that we can send texts to. Otherwise we will try and keep you informed by phone and old fashioned post.

If we need to contact you quickly (for example if we need to cancel a class at late notice) then we may follow up an e-mail with a text or phone call.

We will not share this information with anyone else. If you want to share contact details with anyone in the classes, please approach them personally.

We do not keep any record of social media contact details. If you have revealed these to us (by following us on Facebook, for example) then we assume that you know how to manage information that will be delivered to you. We will only contact you through such platforms in response to any conversation that you have initiated.

## **GENERAL DATA PROTECTION REGULATION (GDPR)**

By sending in this form you are giving Bramhall Methodist Church consent to:

- use the contact details to contact you and a nominated supporter (if specified)
- use the other information to help us plan future courses.

Under the General Data Protection Regulation ('GDPR') you can withdraw your consent by contacting the Office Administrator at Bramhall Methodist Church (see footer of front page). The use of your information will cease immediately except where continued use is required by law. For full details of how Bramhall Methodist Church uses your information, please refer to our Privacy Policy which is available from the Office Administrator and on the church website.