



# SEFF MEMBERSHIP APPLICATION



**Official Use:** S/S – D/B – Text Service – Email – Fees – GDPR – Scanned – Referral Date - \_\_\_\_\_ Other - \_\_\_\_\_

Total fees pd: £ \_\_\_\_\_ Date pd: \_\_\_\_\_ Year of Membership: 20 \_\_\_\_\_ to 20 \_\_\_\_\_ Gift Aid: **Yes** or **No**?

Approved - Y - N - M.I

### APPLICANT INFORMATION (PLEASE COMPLETE IN BLOCK CAPITALS)

Title:	Name & Surname:		
<b>Date of birth:</b>	<b>Mother's maiden Name:</b>		
Address:			
Town:	Post Code:	County:	
Home Tel No:	<b>Email Address:</b>		
<b>Mob No:</b>	Gender: Male <input type="checkbox"/>	Female <input type="checkbox"/>	Transgender <input type="checkbox"/>

### APPLICANTS COMMUNITY BACKGROUND

Protestant:	Roman Catholic:	Other:
-------------	-----------------	--------

### EMPLOYMENT STATUS (PLEASE TICK APPROPRIATE BOX)

Employed F/T	Employed P/T:	Unemployed:	
Student:	Retired:	In Training:	Other:

### CIRCUMSTANCES (TICK MULTIPLE BOXES IF APPROPRIATE)

Are you a Carer of someone as a consequence of The Troubles?  Or Bereaved of family member due to the Troubles?

If bereaved please give name of deceased: \_\_\_\_\_ Date of death: \_\_\_\_\_

Immediate Family  Extended Family  Multiple Losses

**Have you been:** -

Physically Injured  Witness – (1 Incident)  Witness – (Multiple Incidents)

Displaced or Forced Relocation  Intimidated  Psychologically Injured (Other)

Please give details of incident(s)/circumstances **important** (provide as much information as possible including **DATES & LOCATIONS**)

**SEFF Services Required:** Health & Wellbeing Support  Befriending  Counselling  Advocacy

Morning SEFF Calling  Social Support  Welfare Advice  Volunteering  Complementary Therapies

**Therapies Provided:** Reflexology    Massage    Aromatherapy    Indian Head Massage    Physio    Health Kinesiology    Hopi Ear Candle  
(please circle)

How would you prefer to receive the SEFF monthly Newsletter: Via Regular Post  Or EMAIL:  Please provide email address above

<b>Your G.P Name -</b>	
<b>G.P Surgery Address</b>	
<b>G.P Contact No -</b>	

**PLEASE REMEMBER TO COMPLETE GDPR PERMISSIONS ON REVERSE – SEFF NEEDS YOUR CONSENT TO HOLD YOUR DATA ON OUR SYSTEMS**

**EMERGENCY CONTACT (NOT YOUR SPOUSE IF BOTH REGISTERING WITH SEFF)**

Name:	Relationship:
Phone:	Mob:

**SPOUSE/PARTNER DETAILS (LIVING AT SAME ADDRESS)**

Title:	Name & Surname:	
Date of Birth:	Age:	Mother's Maiden Name:
Contact No:	Email Address:	
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/>	Relationship Status:	

**EMPLOYMENT STATUS**

Employed F/T	Employed P/ T:	Unemployed:	Student:	Retired:	In Training:	Other:
--------------	----------------	-------------	----------	----------	--------------	--------

**CIRCUMSTANCES (TICK MULTIPLE BOXES IF APPROPRIATE)**

Are you a Carer of someone as a consequence of The Troubles?  Or Bereaved of family member due to the Troubles?

If bereaved please give name of deceased: \_\_\_\_\_ Date of death: \_\_\_\_\_

Immediate Family  Extended Family  Multiple Losses

**Have you been:-**

Physically Injured  Witness – (1 Incident)  Witness – (Multiple Incidents)

Displaced or Forced Relocation  Intimidated  Psychologically Injured (Other)

Please give details of incident(s)/circumstances **important** (provide as much information as possible including **DATES & LOCATIONS**)

Do you have any health issues that we need to be aware of?.....

Who referred you to this group? I chose to come here myself  The VSS referred me  Other (Please State) .....

**CHILDRENS DETAILS**

Name	DOB	Age	Gender	Mother's Maiden Name

**SIGNATURES**

Signature of applicant:	Date:
Signature of Spouse (only if joint application)	Date:

**Membership Fee: Adults £10 each - Post Primary up to 16yrs £5 each - Child up 11yrs FREE**

Under Data Protection Law, do you authorise **SEFF** to hold your data for the duration of your membership in SEFF? **YES**  **NO**

Do you give SEFF consent for your photo to be used by **SEFF** for advertising and social media formats? **YES**  **NO**

**ARE YOU A MEMBER OF ANY OTHER VICTIM(S)/ Ex SECURITY GROUP/S – YES – NO**  
**If YES** – Name of Group/s Ex-Security Organisations: \_\_\_\_\_