



SEFF MEMBERSHIP FORM



Supporting Victims & Survivors, Strengthening Communities

Thank you for your interest in joining the South East Fermanagh Foundation (SEFF). Please complete this form in BLOCK CAPITALS. The information you provide on this form will be used to register you on SEFF's member databases and to provide relevant services to you. All information will be treated as confidential. Only members can avail of our services. Spouses/children over 16 may also join SEFF but must complete an additional application form.

By completing this form, you consent to your details being held by SEFF. Further information on our GDPR policy can be found online at www.seff.org.uk. You will be required to contact us directly should you wish to cease this agreement.

In submitting this membership application, you acknowledge and support SEFF's ethos that the use of violence to further a political objective was/is wrong and unjustified.

Applicant Details

Title:	First Name:	Surname:
Known As:	Date of Birth:	Mother's Maiden Name:
House Number & Address:		
Town:	County:	Post Code:
<input type="checkbox"/> NI <input type="checkbox"/> ROI <input type="checkbox"/> GB	Parliamentary Constituency (NI only):	Council Area (NI only):
Home Telephone:	Mobile Number:	
Email Address:	Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender/Other <input type="checkbox"/>
Relationship Status:	Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Co-habiting <input type="checkbox"/> Widowed <input type="checkbox"/> Civil Partnership <input type="checkbox"/>	
Employment:	Employed full-time <input type="checkbox"/> Employed part-time <input type="checkbox"/> Unemployed <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Unable to work due to injury/illness <input type="checkbox"/> Self-employed full-time <input type="checkbox"/> Self-employed part-time <input type="checkbox"/>	
Community Background:	Protestant <input type="checkbox"/> Roman Catholic <input type="checkbox"/> None <input type="checkbox"/> Other <input type="checkbox"/> _____	

Emergency Contact Details *(preferably not your spouse if you are both applying)*

Emergency Contact Name:	Telephone Number:
Their Relationship to you:	

Your Health

Do you consider yourself to have a disability? Yes No If yes, please details of any reasonable adjustments that may allow you to attend in-person events at our offices:

Do you have any other health conditions that we should be made aware of? (e.g. carry EpiPen, etc.)

GP Name & Surgery Address:

GP Telephone Number:

Office Use Only:	Completed by (staff):	Date:	Approved? Yes/No/More Info
Total fees paid: £	Date paid:	Membership: 24/25	Gift Aid: Yes / No

Your Circumstances *(please tick all that apply)*As a result of The Troubles, I am: Directly Bereaved (Parent/Spouse/Partner/Child/Sibling/Other)

If bereaved, please provide the name/s of the deceased: Date of death/s:

Your relationship to the deceased:

Are you a carer of someone as a consequence of The Troubles: Yes No

As a result of The Troubles, have you been:

Physically Injured Witness to incident/s Displaced/forced to relocate Intimidated Psychologically injured

Briefly provide details of any incidents(s)/circumstances, including dates and locations if possible, you wish us to consider as part of your application to join SEFF:

Children's Details

Please provide details of any children under 16 that are joining SEFF with you. Over 16's must complete their own application form.

Child's Name & Surname	Date of Birth	Mother's Maiden Name	Gender

SEFF Services Required *(please tick all that apply)*

Health & Wellbeing Support Befriending Counselling Social Support General Welfare Advice
 Complementary Therapies (e.g. Reflexology, Massage) Advocacy SEFF Calling TPDPS/Victim Pension

Volunteering *(please tick all that apply)*

I would be interested in Newsletter Distribution Befriending SEFF Calling Charity Shop
volunteering for: Board Membership Allotments Other _____

Gift AidIn order to Gift Aid your donation you **must** tick the box below: I would like South East Fermanagh Foundation to reclaim the tax on my 2024/25 membership and any other eligible donations/membership that I make may in the future or have made in the past 4 years, until further notice. This declaration supersedes any previously completed form.**Declarations** *(must be completed)*Do you give SEFF consent to take your photo/video/audio at any organised events and for this material to be used on their social media platforms or for other awareness raising purposes? Yes No Please confirm via which method you wish to receive your newsletter: Email Post I do not want to receive a newsletter

SEFF requests permission to contact you via a range of methods including telephone, text, email and post. You can opt out of any of these methods at any time by contacting us.

In accordance with **GDPR**, SEFF must have your consent to hold and use your personal data/information to support your ongoing needs. Those with access to your information will be ACCESS N.I checked and will have signed SEFF's Privacy and Confidentiality Agreement.**To confirm your consent, please sign and date below:**

Signed: _____ Dated: _____