

Dear Sir/Madam,

Thank you for your interest in joining SEFF. Please find attached a copy of our membership form.

Guidance on completing the form

It is important that you complete **ALL** the questions asked or your form may be returned to you.

Your form will be stored securely within SEFF offices and will only be viewed by SEFF staff, all of whom have undergone Access NI checks.

Please include details of your background circumstances in the “Your *Circumstances*” section on Page 2.

Your Circumstances (please tick all that apply)				
As a result of The Troubles, I am:		<input type="checkbox"/> 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 <input type="checkbox"/>	No <input type="checkbox"/>	
As a result of The Troubles, have you been:				
Physically Injured <input type="checkbox"/>	Witness to incident/s <input type="checkbox"/>	Displaced/forced to relocate <input type="checkbox"/>	Intimidated <input type="checkbox"/>	Psychologically injured <input type="checkbox"/>
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:				

Below are a few examples of information accepted as a victim/survivor of ‘The Troubles’ for SEFF membership – please give a brief description of how ‘The Troubles’ have affected you.

- Family member/loved one of an innocent murdered/killed (**name & date of the incident required**)
- Ex-member of the security forces or Prison Service (i.e. – RUC, PSNI, UDR/R IRISH, regular Army etc.) and you witnessed/were involved in an incident, injured, intimidated or forced to relocate
- I provide care for someone who was injured as the result of a Troubles related incident

We also kindly ask that you include information on any existing health conditions, GP and emergency contact details. These will only be used in the event of an emergency during a SEFF activity.

In accordance with GDPR, by signing the declaration box on page 2, you are authorising SEFF to hold your data for the duration of your membership.

If you have any difficulty in completing the form, please ring us on 028 677 23884 (option 1) or drop in to any office, where staff will be happy to support you.

With best wishes,

Kenny Donaldson

Kenny Donaldson (Director)

Gift Aid Declaration

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Are you a UK tax-payer? If so, every £1 of your donation/membership could be worth £1.25 to us. This helps fund our vital work at no extra cost to you. All you need to do is tick a box!

Making a Gift Aid Declaration is an easy way of allowing SEFF to reclaim the tax you have already paid. By ticking this box, you agree that you pay sufficient Income Tax or Capital Gains Tax in each tax year to cover the Gift Aid claimed on all your donations to charity. Otherwise it is your responsibility to pay any difference.

If you are retired or self-employed, you may still pay sufficient tax to make Gift Aid donations. Our finance team are able to advise you if you have any queries. Gift Aid donations do not impact Universal Credit.

You can notify us at any point if you want to cancel this declaration, change any of your personal details or no longer pay sufficient tax on income or capital gains.

In order to Gift Aid your donation you must tick the following box ON THE MEMBERSHIP FORM:

☐

I would like SEFF to reclaim the tax on my membership fees and any other eligible donations/ membership that I may make in the future or have made in the past 4 years, until further notice. This declaration supersedes any previously completed form.

*SEFF raised an additional £2,496.25 during 2023/2024 by claiming Gift Aid.
Thank you for your continued support.*

Membership Fees

Our annual subscription costs are as follows:

Adult (16yrs and over)	£20
Child (age 11 - 15 yrs)	£10
Child (10 years and under)	FREE

We can accept payment of your membership fees in a number of ways. Our preferred option is via standing order on 1st April. By setting up your standing order once, your membership fees will automatically be paid from your account on this date each year. This is the easiest way to ensure your continued membership with SEFF year on year. The bank details to set up a standing order are:

Account Name:	SEFF
Sort Code:	95-03-98
Account Number:	31075985

Alternatively, membership can be paid by cash, cheque (made payable to SEFF), card (in office or over phone) or as a one-off bank transfer using the bank details above.

SEFF is a registered Company limited by guarantee (NI606566) and is also registered with the N.I Charities Commission (NIC100538)



SEFF MEMBERSHIP FORM



Supporting Victims & Survivors, Strengthening Communities

Thank you for your interest in joining 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	Female	Transgender/Other
Relationship Status:	Single	Married	Co-Habiting	Widowed	Civil Partnership
Employment:	Employed full-time	Employed part-time	Unemployed	Student	Retired
	Unable to work due to injury/illness		Self-employed full-time	Self-employed part-time	
Community Background:	Protestant	Roman Catholic	None	Other _____	
Emergency Contact Details <i>(preferably not your spouse if you are both applying)</i>					
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 Year:	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

Volunteering (please tick all that apply)

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

Gift Aid

In order to Gift Aid your donation you must tick the box below:

☐ I would like SEFF to reclaim the tax on my membership fees and any other eligible donations/membership that I may make 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: _____