

POhWER Reading Application Form



Name

Address

Telephone

Mobile

Email

Please tell us why you would like to join POhWER Reading

How would you like to receive your information?

Letter

☐

Email

☐

I would like to join POhWER Reading. I have read the information on the back of this form and I agree with POhWER's Mission.

Signed

Date

Please return this form to:

POhWER Reading, PO Box 14043, Birmingham, B6 9BL

This information will be held in accordance with the Data Protection Act 1998.

POhWER's Mission

We believe:

- Everyone has rights and responsibilities,
- Everyone has the right to be heard,
- Everyone has the right to make choices,
- Everyone has the right to equal opportunities.

We want to:

- Be run by people with experience of disability and disempowerment (the feeling of not being listened to),
- Promote good quality advocacy in the UK,
- Help people find advocacy,
- Help people set up and run new projects,
- Build our members' confidence and challenge society's attitudes,
- Contribute to and inform the improvement of services.

We want to do this by:

- Working with people to set up new projects,
- Encourage people who agree with us to join POhWER Reading.

Benefits of joining POhWER Reading you will be able to:

- Be part of the local community promoting equality,
- Help the local community to have a voice and be heard,
- Receive a regular local newsletter to find out about POhWER Reading work.

Name: _____

To help us help you, please let us know if you might need some support if you are unwell:

I might have a seizure.

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I might have an asthma attack.

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I am diabetic and might go hypo.

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I am diabetic and might go hyper.

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I am on medication that thins my blood and if I cut myself I may need some help.

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I have another health need that I may need support with, can you talk to me about this.

☐

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