







# POhWER Staffordshire Application Form

**POhWER**  
Staffordshire

<b>Name</b> 	
<b>Address</b> 	
<b>Telephone</b> 	
<b>Minicom</b> 	
<b>Fax</b> 	
<b>E-mail</b> 	

**Please tell us why you would like to join POhWER Staffordshire**

**How would you like to receive information? (Please tick)**

Standard ☐ Large Print ☐ EasyRead ☐ Audio ☐



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

**Signed:**



**Date:**



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

**Please return this form to:**

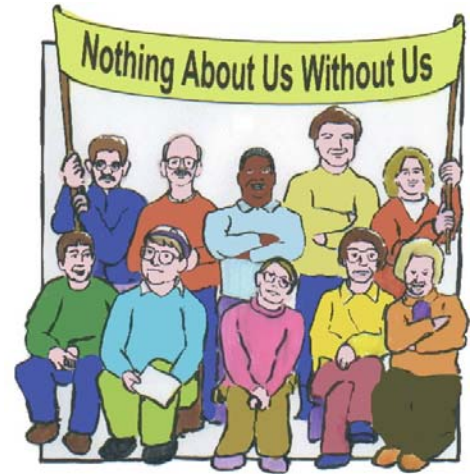
**POhWER Staffordshire, PO Box 14043, Birmingham, B6 9BL**

# POhWER's Mission

“To give power to your voice”

## 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,
- ♦ 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,
- ♦ Encouraging people to join POhWER Staffordshire.

## Benefits of joining POhWER Staffordshire. 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 our work in Staffordshire.



**Name:** \_\_\_\_\_

**To help us help you, please let us know if you might need some support if you are unwell at meetings or events:**

**I might have a seizure.**

☐

**I might have an asthma attack.**

☐

**I am diabetic and might go hypo.**

☐

**I am diabetic and might go hyper.**

☐

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

☐

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

☐