



18yrs & Over MEMBERSHIP FORM



Complete this form in **BLOCK CAPITALS** & return to the **CLUB TREASURER** with your Membership Fee

State which YFC Club you are joining:

1.

** Male / Female	** Miss / Mrs / Ms / Mr	** <i>delete as applicable</i>
First name:		House Name:
Preferred name:		
Surname:		Number/Road/Street:
Date of birth:		
Home phone: (inc. STD code)		Village:
Mobile phone:		Town:
Work phone: (inc. STD code)		County:
Fax number:		Post code:
Email address:		

If the above details change in any way, please contact the County Office, to up date your records.

2. REFEREES.

Please complete details below of 2 referees that we can contact to verify the information you have supplied.
(Teacher, Doctor, Employer etc. One may be a YFC member but you cannot use family members).

Name:	Name:
Address:	Address:
Phone No:	Phone No:
In what capacity do you know this person:	In what capacity do you know this person:
How many years have you known this person:	How many years have you known this person:

Please give details of any experience of working with children/young people or involvement with other Clubs (YFC, Guides, Scouts etc) :

3. DECLARATION

Have you ever been convicted of a criminal offence involving children or have been the subject of a caution or bound over order?

If NO – state “no convictions”	If YES give details:
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I confirm that to the best of my knowledge the information given on this form is correct;

Signature: Date:

4. USE OF YOUR DETAILS

Information you have provided will be held on a database at your County YFC Office and by the National Federation of Young Farmers' Clubs. The information will not be passed onto other organisations but details on their products and services may be sent using YFC mailing systems. If you do not wish to receive these mailings, please tick the box at the end of this line.

If you do not wish your details to remain on our database once your 'annual' membership of YFC expires, please tick the box at the end of this line. (ie. If you renew your membership next year, a new form will need to be completed)

5. ETHNIC BACKGROUND

'Our ethnic background describes how we think of ourselves. This may be based on many things, including, for example, our skin colour, language, culture, ancestry or family history. Ethnic background is not the same as nationality or country of birth.

The Information Commissioner recommends that young people aged over 11 years old have the opportunity to decide their own ethnic identity. Parents or those with parental responsibility are asked to support or advise those children aged over 11 in making this decision, wherever necessary. Young people aged 16 or over can make this decision for themselves.' (www.standards.dfes.gov.uk)

Please study the list below and tick one box only to indicate your ethnic background.

- | | |
|--------------------------|--|
| <input type="checkbox"/> | White (including British, Irish, any other white background) |
| <input type="checkbox"/> | Mixed (including White and Black Caribbean, White and Black African, White and Asian, any other mixed background) |
| <input type="checkbox"/> | Asian or Asian British (including Indian, Pakistani, Bangladeshi, any other Asian background) |
| <input type="checkbox"/> | Black or Black British (including Caribbean, African, any other Black background) |
| <input type="checkbox"/> | Chinese |
| <input type="checkbox"/> | Other Ethnic Group |
| <input type="checkbox"/> | Do not wish to answer. |

6. DISABILITY

Under the Disability Discrimination Act (DDA) a disability is defined as physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out normal day to day activities.

Do you have a disability? Yes No
If yes, please tick the relevant box below.

- | | |
|--------------------------|---------------------------------------|
| <input type="checkbox"/> | Dyslexia |
| <input type="checkbox"/> | Blind/Partially Sighted |
| <input type="checkbox"/> | Deaf/Hearing Impairment |
| <input type="checkbox"/> | Wheelchair User/Mobility Difficulties |
| <input type="checkbox"/> | Personal Care Support |
| <input type="checkbox"/> | Mental Health Difficulties |
| <input type="checkbox"/> | Unseen Disability (e.g. Diabetes) |
| <input type="checkbox"/> | Multiple Disabilities |
| <input type="checkbox"/> | Learning Disabilities |
| <input type="checkbox"/> | Disability not listed above |

Should you wish to provide additional information please do so here: