



PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS AND RETURN TO:
Deborah Catherall, 87 Oak Tree Road, Tilehurst, Reading, RG31 6LA

Details

Title First Name Surname
(e.g. Mr, Mrs, Miss)
Address
.....
..... Postcode
Telephone..... Email.....

Subscription rates: (payable in April of each year)

(Please tick membership type required)

- ☐ Individual - £20 per year
- ☐ Joint - £10 for each additional member of the household. (Please give details below)
(Please note joint members must live at the same address)

Additional member's details:

Title..... First Name Surname

Total £ (Please make cheques payable to Arthritis Matters Reading)

Signed **Date**

Hydrotherapy

We regret that due to the closure of the Royal Berkshire Hospital hydrotherapy pool we are no longer able to offer these subsidised sessions.

Emergency contact

Please complete this section if you would like to provide details of a person we can contact in the event of any emergency whilst attending an Arthritis Matters event:

Name

Address

Tel:.....

Data Protection Act: personal information supplied by you on this form will be kept confidential and will not be disclosed to a third party without your consent. It will only be used by Arthritis Matters in accordance with the Data Protection Act 1988 for the purposes of pursuing its charitable aims. If you wish to amend any data please contact Deborah Catherall at the above address. By signing this form you are consenting to these terms.



Data Protection – Consent Form

From 25 May 2018 new tougher data protection legislation comes into force. Known as the General Data Protection Regulation (GDPR), the rules are intended to make sure that people are kept fully informed about what personal information an organisation has, what they are using it for, what they are doing to keep it safe, and also what rights people have with regard to this information. Whilst we do not need to register with the Information Commissioners Office, the GDPR legislation applies to all organisations. Although our application form already contains a data protection statement, the new rules require your specific signed consent to verify that we have fulfilled the requirements of the regulations.

What information we hold:

- The details you provided on your application form
- Other information about your membership:
 - your membership number
 - your membership type (i.e. individual/joint)
 - when you paid your subscriptions

Special category information:

For people doing tai chi, we ask people to give us additional details:

- about their health conditions and medications
- an emergency contact

How the information is held (in addition to the paper forms you gave us);

- **membership details** are held on computer
- **lists derived** from those details (e.g. summary membership lists) are also periodically printed out
- **special category information** is **not** held on computer, and **no copies** are made.

Why we hold the information

We only hold the information to enable us to administer the charity and to pursue its legitimate aims. The special category data is held so that, in the event of an emergency, we can provide authorised medical personnel with details which may be important to your care.

Privacy, confidentiality and security

- We will keep your information confidential, and will not divulge it to any third party without your consent
- We will take all reasonable means to ensure that your information is kept safe and secure.

Your rights

Broadly, you have the right to:

- Be informed clearly about how we deal with your data
- See the information we hold
- Have the data corrected if it is incomplete or incorrect
- Have the data removed if there is no good reason for its continued retention
- Restrict what we do with the information
- Object to the use of the information for particular types of activity (specified in the regulations).

Who to contact if you have concerns

Unless otherwise indicated, the **Membership Secretary** is the Committee member with overall control of personal data.

You can also ask to see our Data Policy, and request a copy of your consent form if you wish.

Please read the information above carefully, and sign below to indicate your consent:

Please return the **whole** form to the Membership Secretary or any Committee member.

.....
(Signature)

.....
(Date)

.....
(Please print name)