

# CAMBRIDGESHIRE LINK REGISTRATION FORM

## A REGISTRATION OF PERSONAL DETAILS

TITLE: (MR./MRS./MS./OTHER) \_\_\_\_\_

FAMILY NAME: \_\_\_\_\_

FORENAMES: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

POSTCODE: \_\_\_\_\_

TELEPHONE NO: (DAYTIME) \_\_\_\_\_

TELEPHONE NO: (EVENING) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

## B REGISTRATION OF A HEALTH OR SOCIAL CARE PECUNIARY INTEREST

I am an employee /director /have a substantive financial interest in the following company or organisation:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

and I agree to notify the Cambridgeshire LINK of any changes to this / these arrangement(s).

I understand that I may not be able to take part in a LINK activity or decision-making relevant to the interest.

## C REGISTRATION OF A HEALTH OR SOCIAL CARE VOLUNTARY INTEREST

I hold a voluntary position in the following health and/or social care interest organisation and agree to notify the Cambridgeshire LINK of any additions or deletions to this list:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

I have been nominated to represent the above organisation on the link

*Please tick if this statement applies*

## Style of Participation

Please complete only **one** of the following three boxes to indicate the style of participation you wish to register for:

### 1 ACTIVE PARTICIPANT

I have spare time to commit to the LINK and wish to be involved as an Active Participant. I understand that I may join a Work / Interest Group and that I will be required to undergo a Criminal Records Bureau check before undertaking any location visits.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### 2 INTEREST PARTICIPANT

I do not wish to become an active participant in the LINK but I am interested in its work and wish to be made regularly aware of its progress and work. I agree to be contacted for my views and opinions. I understand that I may attend the LINK General Assembly meetings and, subject to any declared pecuniary interest, vote on any issue.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### 3 STAKEHOLDER PARTICIPANT

I realise that the organisation I represent / am employed by has a pecuniary interest in health and social care; however I wish to be made regularly aware of the LINK's progress and work. I understand that I may attend any LINK General Assembly meetings in an observer only capacity.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### TO BE COMPLETED BY THE PARENT / GUARDIAN OF A PARTICIPANT AGED UNDER 18

The above name participant is under the age of 18 but as parent / guardian I give permission for his / her details to be recorded and him / her to be registered.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Your details will be held on a database administered by the LINK host. All personal details will be held in accordance with Data Protection legislation. You may ask for those details to be removed at any time and may request a print-out of the data held about you. The organisation holding your data until 31 March 2011 is Cambridgeshire ACRE, Host of the Cambridgeshire LINK, 5 Crown Street, St Ives, PE27 5EB. Telephone 0300 365 1245 or email [office@cambridgeshirelink.org.uk](mailto:office@cambridgeshirelink.org.uk)