



Membership Form

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| Name: | Like to be known as: |
| Date of birth: | Email address: |
| Contact number: | Please indicate your preferred method of contact: (in case of cancellations or updates) |
| Name and phone number of emergency contact: | Relationship to you: |
| Allergies: | Any other information about you that you feel would be helpful for group facilitators to know? |

Your data –

The information you have provided to us above is stored securely and accessed by our employees/group facilitators. All of the data which we hold about you is processed in Jersey, Channel Islands. We do not use your data for public functions, unless there is a legal reason to do so. We will not use your data for marketing purposes without your prior consent. We keep your data for the time identified by the 'Records Management Code of Practice for Health and Social Care,' by the Information Governance Alliance (2016).

Confidentiality and Consent -

We treat issues relating to consent and confidentiality with the upmost of importance. LINC holds Organisational Member with the BACP (British Association of Counselling and Psychotherapy) and, as such, we subscribe to their robust ethical framework. We will not discuss any information about you outside of LINC Community without your prior agreement, except in exceptional circumstances. For example, we would have a duty to pass on information if we were concerned that there was a serious risk of harm to yourself or others.

By signing below you acknowledge and agree to the above statements in addition to LINC Community's Membership Guidelines and Code of Conduct:

Signature:

Date: