

Application for Individual Membership or Associate Membership



Having read PDREC Membership Information, I hereby apply for membership.

As an individual voting member of the Council **Yes** **No**

As an associate member living outside the Devon travel to work area, not being a member of any other REC **Yes** **No**

In so doing, I DECLARE that:

I shall uphold and abide by the Mission and Values as detailed in the Membership Information leaflet of the PDREC.

Name:	Date:
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Address for correspondence

Telephone Number(s)

.....	Email:
	Home:
	Work:
	Mobile:

Note: All members and associate members of the Council are asked to provide the PDREC with a postal address and telephone number(s) for the purpose of official information communication. The information that is provided is protected by the Data Protection Act 1998.

Membership Rules require that no member's or associate member's address or telephone number(s) be published without his/her express consent.

It may be desirable to circulate within the PDREC a list of telephone numbers at which members and associate members can be contacted. Will you please indicate whether you are willing for your telephone number(s) to appear on such a list.

I am willing to have the above Telephone number(s) included on any list, the PDREC may circulate for internal use. **Yes** **No**

Biography

Applicants are invited to supply brief information on the spaces below. The information provides will be treated as confidential.

Reasons for wishing to become a member of the PDREC

Previous experiences of race equality work and/or of racism

Please tick

If the opportunity arises I would be interested in becoming a volunteer Yes No

I could offer _____ hours per month

I am interested in becoming an Executive Member Yes No

Skills and interest that may be of interest to PDREC

<input type="checkbox"/>	IT/Office Skills	<input type="checkbox"/>	Helping with Drop-In Sessions	<input type="checkbox"/>	Driving
<input type="checkbox"/>	Book Keeping	<input type="checkbox"/>	Video Filming	<input type="checkbox"/>	Craft Work
<input type="checkbox"/>	Fund Raising	<input type="checkbox"/>	Community Development work	<input type="checkbox"/>	Other
<input type="checkbox"/>	Art Work	<input type="checkbox"/>	Training/Workshop Provision	<input type="checkbox"/>	

Please give more details of your experiences below:

Signature of Applicant.....

For office use only

Date application received.....

Date Approved by Executive Committee.....

Plymouth & Devon Racial Equality Council
3rd Floor, Prideaux Court, Palace Street, Plymouth PL1 2AY
Tel: 01752 –224555 Fax: 01752 - 220258

Equal Opportunities Monitoring Form

Plymouth & District Racial Equality Council is actively committed to equal opportunities. To make equal opportunities meaningful, it is essential that the Racial Equality Council monitors the effectiveness of its policy.

- ❖ This will enable us to ensure that our membership reflects the communities we serve.
- ❖ Also it will ensure that members receive relevant and appropriate information.

All the information will be treated in the strictest confidence and will be used for monitoring purposes only.

Ethnicity: - Please self-identify. Or if you prefer, complete one of the following.

<i>Black / Black British</i>	<i>Asian / Asian British</i>	<i>Mixed Heritage</i>	<i>White</i>	<i>Chinese/ Chinese British</i>
Caribbean <input type="checkbox"/> African <input type="checkbox"/> Other Black background <input type="checkbox"/>	Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Malaysian <input type="checkbox"/> Other Asian background <input type="checkbox"/>	White & Black Caribbean <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Asian <input type="checkbox"/> Other <input type="checkbox"/> (please indicate)	White British <input type="checkbox"/> White Irish <input type="checkbox"/> Other White background <input type="checkbox"/>	Chinese/Chinese British <input type="checkbox"/> Any other background:
Age: Under 18 <input type="checkbox"/> Gender:	18 – 25 <input type="checkbox"/> Female <input type="checkbox"/>	26– 40 <input type="checkbox"/> Male <input type="checkbox"/>	41 –65 <input type="checkbox"/>	over 65 <input type="checkbox"/>
Disability: Would you define yourself as disabled? YES / NO				