**Pawpalz Peer Support Service**

**SC051061**

**Application for Membership**

**Your Details**

|  |  |
| --- | --- |
| **SURNAME** |  |
| **FORENAME** |  |
| **MIDDLE NAME** |  |
| **KNOW AS (if different from Forename)** |  |
| **Postal Address**   * *House Name and/or House Number* * *Street* * *Area/City* * *Postcode* |  |
| **Mobile Phone No.** |  |
| **Home Phone No.** |  |
| **Email** |  |
| **Reason for joining Pawpalz** |  |
| **Do you own a dog?** *Yes* |  |
| **If, yes what is the dog's breed/name** |  |
| **Do you have any medical conditions we should be aware of while engaging with Pawpalz activities?** No |  |
| **If yes, please provide more details** |  |
|  |  |

**Emergency Contact(s)/Next of Kin**

|  |  |
| --- | --- |
| **SURNAME** |  |
| **FORENAME** |  |
| **MIDDLE NAME** |  |
| **KNOW AS (if different from Forename)** |  |
| **Mobile Phone No.** |  |
| **Home Phone No.** |  |
| **Email** |  |

Our goals and aims at PawPalz are to enhance your wellbeing and improve your mental health by means of Peer Support. In becoming a member, we ask only a few things in return so that the groups can run safely and effectively:

1. Everything is said in confidence during the walks, what is said on the walks stays on the walks.
2. We operate a one dog per walker policy. This ensures all dogs are kept under control and helps ensure a safe walking environment.
3. We are all here for the same reasons and as such we only ask that you treat everyone as you would like to be treated, with dignity and respect.

**As a member of Pawpalz, you are eligible to vote at the AGM (Annual General Meeting).**

**Data Protection**

Pawpalz Peer Support Service SC051061 will collect, store, use, amend, share, destroy or delete personal data only in ways which protect people’s privacy and comply with the General Data Protection Regulation (GDPR) and the Data Protection Act 2018.

We will use the data in this Membership Form to inform you of our activities. We will also use your data:-

* In the event of an accident e.g. when medical information must be passed to a medical professional.
* Where this is necessary for compliance with our legal obligations; where processing is necessary for the purposes of our legitimate interests and such interests are not overridden by your interests or fundamental rights and freedoms;

and

* Where you have given consent to the processing of your information for a particular purpose.

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Inclusion in Pawpalz and/or its members photo/video material for the purposes of promoting Pawpalz (it is the sole responsibility of the member to physically exclude themselves) |  |  |
| Inclusion in external publications e.g. newspapers (it is the member’s sole responsibility to notify the external publisher of their wish to be excluded) |  |  |

If you wish to no longer be a member of Pawpalz, please contact the Safeguarding Co-ordinator. If you do not attend a walk for more than 6 months, then you will no longer be a member.

Your data will be securely stored by Pawpalz. Only Trustees and Walk Leaders will be able to access your data.

* **I consent to PawPalz contacting me about their walks**: Yes/No
* **I consent to PawPalz contacting me about non-walk related activities:** Yes/No
* **I consent to PawPalz contacting me about their membership meetings**: Yes/No
* **I consent to PawPalz contacting me about their AGM:** Yes?no

**Print name**:

**Signature:**

**Date:**