

# Pen Pals Membership Form

Thanks so much for applying to join Pen Pals! We want to make our group as inclusive and accessible as possible for all our members. We receive funding from Fife Voluntary Action's 'Communities Mental Health and Wellbeing for Adults' grant and one of our key aims is to meaningfully improve the mental health, physical health, emotional wellbeing & quality of life of our members on a long-term basis. That's why we ask questions about your identity and your experience of wellbeing. By answering as many of these questions as possible, you help us create the services and events that our diverse LGBTQIA+ community wants and needs. Thank you!

If you prefer, you can fill out this form online at [penpals.site/join](https://penpals.site/join)

## How this information is used

We understand that privacy is really important to our members. The information on this form is used internally by the Pen Pals committee for the purposes of creating events that feel accessible, safe and inclusive to you. We will never knowingly share your membership form, your name, or your identifying information with any other individual or organisation.

This year's programme of events has been supported by the Communities Mental Health and Wellbeing Fund for Adults through Fife Voluntary Action and Scottish Government. We are required to tell our funders a little and objectives and using the money well. We do not routinely share personal data with Fife Voluntary Action, but for the purposes of the Fund we will share anonymised or redacted data and we may provide limited, controlled access to Fife Voluntary Action solely for the purpose of verifying project activity and client eligibility as part of Fife Voluntary Action's commitment to following the public pound and being accountable for public monies.

For example, we may use statistics (e.g. "50% of our members identify as ...") or phrases (e.g. "our members said that they felt ..."). Everything is anonymised - we ensure that there is no identifying information about any individual.

## Who has access to the information on this form

The Pen Pals committee collate these forms as they come in, and refer to them when completing Monitoring & Evaluation for funders. They are stored securely in compliance with GDPR law. A single named person on the Pen Pals committee has access to the full register of members.

You can also read our Data Protection Policy at [penpals.site/data-protection](http://penpals.site/data-protection)

## About you

*\* Required fields*

1. Your full name \*

2. What name would you like us to call you? \*

3. Email address \*

4. Emergency contact \*

(please share the name and number of someone you would be happy for us to contact in the event of an emergency)

5. Your age \*

6. Do you live in Fife? \*  Yes  No

7. If so, how long have you lived here?

8. What is your first language?

9. Do you identify as LGBTQIA+? \*  Yes  No

10. In your own words, what is your gender identity? \*

11. Please share your pronouns

12. How would you describe your ethnic or racial heritage? \*

13. Do you identify as disabled? \*  Yes  No

14. Do you identify as neurodivergent (this can be self-identifying or diagnosed) \*  
 Yes  No

15. Please share any more details about the above if you'd like.

## **About your wellbeing**

16. What do you hope to get from being a member of Pen Pals? What do you hope will be different in your life in a year's time? \*

17. Why did you decide to join Pen Pals?

18. How did you hear about Pen Pals?

19. Do you consider yourself to be socially isolated at the moment? \*

20. What do you consider your main challenges around health and wellbeing? \*

21. What health and wellbeing barriers stop you from participating in online groups?

22. What health and wellbeing barriers stop you from participating in in-person events?

## **Your access needs**

23. Do you have any access needs you would like us to be aware of? \*

24. What could make it easier for you to attend the sessions?

25. What helps you feel safe within an in-person group?

26. What helps you feel safe within an online group?

27. Are there any communication aids that would help you attend sessions?

28. Are there any sensory aids that would help you attend sessions?

29. Do you have any medical conditions you would like the facilitators to be aware of?

## Availability

30. Please tell us your preferences for availability to attend sessions. Tick all that apply.

- Weekday morning
- Weekday afternoon
- Weekday evening
- Weekend morning
- Weekend afternoon
- Weekend evening

## Pen Pals Constitution

You can read the Pen Pals Constitution at [penpals.site/constitution](http://penpals.site/constitution), or ask for a paper copy at one of our in-person events.

We can also provide a simplified "easy read" version, or talk you through it in-person or on the phone. Please ask any Pen Pals committee member if you have any questions ([hello@penpals.site](mailto:hello@penpals.site)).

- I confirm I have you read and understood the Pen Pals constitution

By submitting this form, I agree to the aims, objectives and guiding principles of Pen Pals. I understand I am applying to become a member of the Pen Pals community, and that Pen Pals will contact me by email to confirm my membership.

I understand I can withdraw my membership at any time by emailing [hello@penpals.site](mailto:hello@penpals.site).

Signed

Date