

CONFIDENTIAL

**APPLICATION FOR MEMBERSHIP**

**Form 1**

1. **YOUR DETAILS**

|  |  |
| --- | --- |
| Surname: ­­ | Forenames:  |
| Address: |
| Town: | County: |
| Postcode: |
| Telephone: | Mobile: |
| Email: |
| Date of Birth:  | Place of Birth:  |
| NI Number: | NHS Number: |
|  |
| Single/Married/Widowed/Partnership: |
| Spouse’s/Partner’s Surname: | Forenames: |
| Spouse’s/Partner’s Date of Birth: | NI Number: |
| Number of dependent children: (under 18): |

1. **MILITARY SERVICE DETAILS**

Please enclose a copy of one of the following documents: Service or Veterans ID card, Certificate of Service/Discharge Certificate, War Pension or AFCS entitlement letter OR complete the enclosed Data Disclosure Authority form to allow Blesma to verify your service with the appropriate Service records department. If we need to contact the Service records department your application may be delayed by up to 6 weeks.

Please note that we will be unable to process your application without this information

|  |  |
| --- | --- |
| State which arm of Service (RN/RM/ARMY/RAF/Auxiliary/Reserve Forces): |  |
| If you served in the Army state your Regiment or Corps: |
| Service/Personal Number: | Rank: |
| Decorations: |
| Date of Enlistment: | Date of Discharge: |

1. **DETAILS OF YOUR DISABLEMENT/INJURY OR ILLNESS**
	1. **Amputation – please tell us which limb or limbs you have had amputated and when.**

|  |
| --- |
| For example: left Leg above knee or right arm above elbow |
| Amputated Limb(s): |  |  |  |  |
| Date of amputation(s) |  |  |  |  |
| Do you wear a prosthesis? |

* 1. **Loss of Eye(s)**

|  |
| --- |
| For example: Loss of left Eye (*circle which eye or both as applicable*)  |
| Which Eye? | Left | Right | Both |
| Date of Injury |  |
| Do you wear a prosthetic Eye? |  |

* 1. **Loss of Use of Limb(s)/Sight/Hearing – Not amputation**

If you suffer from Loss of Use of Limb(s) please provide details about your accident/illness/injury and how this affects your function (eg. wheelchair user, orthotics user) and include a letter from your GP/Consultant confirming the extent of loss of function.

If you suffer from Loss of Sight/Hearing please provide a letter from your GP/Consultant explaining the extent of your sight/hearing loss**.**

Please note that we will be unable to process your application without this information

|  |
| --- |
| Details of your Loss of use of Limb(s) or Loss of Sight or Hearing: |
|  |
| Date of Injury or diagnosis: |
| Cause of Injury: |

1. **DETAILS OF ANY BENEFITS OR SUPPLEMENTARY ALLOWANCES**

Do you receive any of the following (Circle YES or NO)?

|  |  |  |
| --- | --- | --- |
| War Disablement Pension | YES | NO |
| Armed Forces Compensation Scheme | YES | NO |
| Department for Work and pensions (DWP) benefits or allowances  | YES | NO |

*I authorise* ***Blesma The Limbless Veterans*** *and its agents to act on my behalf and grant them full authority to discuss, disclose and receive personal and confidential information from Veterans UK, Department for Work and Pensions and NHS. I note that Blesma reserves the right to carry out checks in relation to my service. I authorise* ***Blesma The Limbless Veterans*** *to use my details to make contact, pass information, advice and Association material and provide support, prevent fraud, and comply with legal obligations.*

*I also do hereby undertake to pay the sum of £1.00 if Blesma The Limbless Veterans was ever to be wound up. Please consider this application for membership and I agree to abide by the Constitution and Rules and Code of Conduct*

|  |  |
| --- | --- |
| Signed: | Date: |

|  |  |
| --- | --- |
| Please tell us where you heard about Blesma: |  |

**Blesma The Limbless Veterans** is committed to safeguarding your personal information. Your personal data is protected by UK Legislation, specifically the Data Protection Act 1998, the Electronic Communications (EC) Directive 2003 and the General Data Protection Regulation (2018). We aim to exceed our obligations by following best practice and reviewing our procedures regularly.

*We will contact you to discuss any specific questions about your application and we aim to respond within 2 weeks of receipt of your completed form.*

Please return this form along with copies of any supporting documents to:

 **Freepost BLESMA**

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| --- |
| For Membership Administration Use Only |
| Membership Number: | Date Record Created: |