

## INDIVIDUAL SIGN UP FORM

Name (first and last name):

Email address (this is the main way we will contact you):

Telephone Number (optional):

Please one or more of the following actions that you will do as a Greater Manchester History Maker. I want to...

- learn more about the dangers of tobacco harm so I can talk confidently with friends, family and colleagues.
- raise awareness about History Makers and share stories, videos and information on social media and elsewhere.
- encourage people in my community or workplace to become a History Maker or to take part, for example setting up Smoke Free Spaces.
- Other (please state):

Which borough do you live or work in? (please tick one)

- |                               |                                 |                                  |                                |                                |
|-------------------------------|---------------------------------|----------------------------------|--------------------------------|--------------------------------|
| <input type="radio"/> Bolton  | <input type="radio"/> Bury      | <input type="radio"/> Manchester | <input type="radio"/> Oldham   | <input type="radio"/> Rochdale |
| <input type="radio"/> Salford | <input type="radio"/> Stockport | <input type="radio"/> Tameside   | <input type="radio"/> Trafford | <input type="radio"/> Wigan    |

I consent to Voluntary Sector North West processing my data in accordance with my role as a History Maker. My data will not be shared with any third party without my prior additional consent being obtained. The personal details I have provided will only be used for communication around History Maker activities. By signing up as a GM History Maker, you give us permission to contact you by email for these purposes only.

Signed:  Dated:   I am aged 16 or older

If aged under 16, the following section should be completed by a parent / guardian:

Name:  Signed:

Relationship to individual:



# Tell Us About Yourself

## Equal Opportunities monitoring – strictly confidential

This anonymous equality monitoring form provides an option to declare which protected groups you identify with. This information will be used to help us understand which groups use this service. We want to reach all sections of our local communities, and ensure that local people have fair access to our services.

### What is your ethnic origin?

- Asian / Asian British:**  Bangladeshi  Indian  
 Kashmiri  Pakistani
- 
- Black / Black British:**  African  Caribbean
- 
- Chinese:**  Chinese
- 
- Mixed:**  White / Asian  White / Black African  
 White / Indian  White / Black Caribbean
- 
- White:**  British  Irish  European
- 
- Other (please state):**   Prefer not to say

### Gender identity: Which of the following best describes how you think of yourself?

- Man (including trans man)  Woman (including trans woman)  
 Non-binary  In another way

### Is your gender identity the same as the gender you were given at birth?

- Yes  No

### What is your age group?

- 15 & under  16-19  20-29  30-39  40-49  50-59  60+

### What is your disability status?

- No disability  Visual impairment  Mobility difficulties  
 Learning disability  Hearing impairment  Communication difficulties  
 Mental health disability  Other

### What is your religion?

- Buddhist  Christian  Hindu  Jewish  Muslim  
 Sikh  None  Other (please state):

### What are your caring responsibilities?

- I look after children  I help an adult with their daily routine  
 Both of the above  I have no caring responsibilities

### Are you an unpaid carer?

- Yes  No

### Are you pregnant or on maternity leave?

- Yes  No

### Are you a breastfeeding mum?

- Yes  No

### Are you a military veteran?

- Yes  No

### What is your sexual orientation?

- Heterosexual/Straight  Gay  Lesbian  
 Bisexual  Prefer not to say