

Network Connection Form

Please complete both sides in ink.

Tick ONE of the following which best applies to your group

- | | | |
|-------------------------------------------------|------------------------------------------------------|----------------------------------------|
| <input type="checkbox"/> Community Group | <input type="checkbox"/> Community Network | <input type="checkbox"/> T.A.R.A. |
| <input type="checkbox"/> Voluntary Organisation | <input type="checkbox"/> Partnerships | <input type="checkbox"/> Public Sector |
| <input type="checkbox"/> Faith Group | <input type="checkbox"/> Other _____(please specify) | |

Name of Group _____

Address _____

Postcode _____

Telephone (work) _____ (home) _____

Mobile _____

Fax (work) _____ (home) _____

Email (work) _____ (home) _____

Web _____

Main Contact Person

Title (Mr, Mrs, Miss, etc) _____

Surname _____

First Name _____

Position/Job Title _____

(Chair, secretary, etc)

Please turn over...

Office Use only Contact Form Front sheet only	<input type="checkbox"/>
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Area covered by your organisation (please tick one)

- Neighbourhood City Region

Themes relevant to your organisation

- Health and wellbeing Worklessness Children and young people
 Community safety Housing, environment and transport

From the list below please specify which target community(s) your group works with

- Local resident Disabled Homeless
 Drug user Lone Parent Young people (11 to 25 years)
 Black & minority ethnic Over 50's People with basic skills needs
 Women Asylum seeker/refugee
 Gay men, lesbian, bi-sexual & transgender
 Other (please describe) _____

Keeping in touch

- I would like to be added to the CEN postal mailing list
 I would like to be added to the CEN electronic mailing list

Data Protection

I understand that in order to work effectively with my organisation/group the above details will be held on the CEN database. I understand that these details may be given out to other parties for the purpose of networking in the voluntary and community sector. They will not be sold or distributed for any other purpose.

- I understand and accept this.**
 I do not agree. Please do not give out my details to any other organisations/agencies.

Signed: _____
Print Name: _____
Date: _____

If you would like this form in any other format please call 0191 211 3583 or minicom 0191 261 7993. Please return the form to Freepost NEA 13290, Newcastle Community Empowerment Network, 14 Great North Road, Jesmond, Newcastle upon Tyne, NE2 1BR.