**THE NOT FORGOTTEN**

**GENERAL INFORMATION FORM – 2019**

**Your details will be put onto our database and we will be in touch with you when there is an event that you have indicated you would like to attend or an event in the area you live.**

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| **Profile** | |
| Title & First Name(s) |  |
| Surname |  |
| Email |  |
| Telephone Number |  |
| Address |  |
| Date of Birth |  |

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| --- | --- |
| **Service Details:** | |
| Service Number |  |
| **Service:**  Army (please include Regiment, Unit)  Royal Navy  Royal Marines  RAF  Merchant Navy |  |
| Service Dates (to the best of knowledge) |  |
| Theatres Where Served |  |
| Do you have a war pension or have you been awarded Armed Forces Compensation? |  |

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| --- | --- |
| **Events / Activities that you would be interested in attending *(please tick)*** | |
| **Event** | □ Royal Parties (only for war pensioners or in receipt of Armed Forces Compensation) |
| **Activity Holidays** | □ Skiing □ Canoeing □ Hiking □ Sailing □ Fishing |
| **Holidays** | □ Battlefield Tours □ Rest and Relaxation |
| **Outings** | □ Day outings, e.g. boat trips, train rides, afternoon teas and  Christmas lunches, visits to Gardens |
| **Sporting Events** | □ Rugby □ Wimbledon □ Boxing □ Ascot  □ Brands Hatch (overnight stay) |
| **Volunteering** | □ Yes □ No |
| Any others you may be interested in or more information you would like us to be aware of e.g. a particular sport you love – we listen to feedback so if there are any events that we do not yet do please put your thoughts here |  |

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| In accordance with the new General Data Protection Regulation we need your consent to communicate with you.  Please tick the box to confirm you are happy for The Not Forgotten to send you details about our events and activities.  This consent can be withdrawn at any time by informing info@nfassociation.org | □ Yes |

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| Please tick the box to confirm you are an eligible beneficiary of The Not Forgotten (eligibility is any serving man or woman who is wounded, injured or sick and any veteran, of any age, with a disability or medical condition; whatever the cause). | □ Yes |

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| For certain events it would be helpful to the organisers, with your consent, to have some details of your medical condition and mobility issues if appropriate so that we can ensure the event is right for you and that we can accommodate your needs. Only include the details you are prepared to share with us.   1. **Medical condition.** 2. **Mobility requirements**. Please include whether you use any mobility aids or need assistance. | |
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