

## Renewal Form

The information you give here is strictly for our own records and statistical purposes. Your personal details will only be accessible by Partner Project staff for the purposes of registering and renewing VoiceMail4All numbers.

\*Partner Project  \*Number to Renew

### Client Details *(\* indicates a compulsory field)*

\*Title  Mr  Mrs  Ms  Miss  Dr

\*First Name  \*Last Name  Middle Name

Email *(Indicate if you do not wish to be contacted about new initiatives)*

\*Date of Birth Day  Month  Year  \*Gender  Male  Female

<b>Ethnicity / Race</b>	<input type="checkbox"/> Unknown	<input type="checkbox"/> Other Ethnicity: Specify _____	<input type="checkbox"/> Prefer Not to Say	
<input type="checkbox"/> White: British	<input type="checkbox"/> White: Irish	<input type="checkbox"/> White: English	<input type="checkbox"/> White: Scottish	<input type="checkbox"/> White: Welsh
<input type="checkbox"/> White: Northern Irish	<input type="checkbox"/> White: Gypsy/Irish Traveller	<input type="checkbox"/> White: European	<input type="checkbox"/> White: Other	
<input type="checkbox"/> Black or Black British: African	<input type="checkbox"/> Black or Black British: Caribbean			
<input type="checkbox"/> Black or Black British: Other	<input type="checkbox"/> Arab			
<input type="checkbox"/> Asian or Asian British: Indian	<input type="checkbox"/> Asian or Asian British: Pakistani			
<input type="checkbox"/> Asian or Asian British: Chinese	<input type="checkbox"/> Asian or Asian British: Bangladeshi			
<input type="checkbox"/> Asian or Asian British: Other	<input type="checkbox"/> Mixed: Other Mixed Background			
<input type="checkbox"/> Mixed White & Black African	<input type="checkbox"/> Mixed White & Black Caribbean	<input type="checkbox"/> Mixed White & Asian		

Country of Origin  Preferred Language

\*Your Local Authority Connection

*(If you currently have no fixed address, please state the local authority from which you receive benefits or to which you have the strongest connection)*

\*Preferred Area Code (if needs new number)  0203  01634  01273  01924  0113

<b>Do you consider yourself as having a disability? If so, in which area? <i>(Please tick as many as apply)</i></b>			
<input type="radio"/> Sight	<input type="radio"/> Hearing	<input type="radio"/> Speech	<input type="radio"/> Mental Health
<input type="radio"/> Mobility	<input type="radio"/> Manual Dexterity	<input type="radio"/> Learning Disability	<input type="radio"/> N/A

<b>*How did you hear about VoiceMail4All? <i>(Please tick as many as apply)</i></b>			
<input type="radio"/> Partner Project	<input type="radio"/> Other Keyworker	<input type="radio"/> VoiceMail4All Volunteer	
<input type="radio"/> Promotional Material	<input type="radio"/> Word of Mouth	<input type="radio"/> Website	<input type="radio"/> Other (specify).....

<b>Please tell us how long you would like to renew your voicemail number for. At the end of that time, you will be asked to renew your contract if you wish to keep your number again.</b>			
<input type="radio"/> One month	<input type="radio"/> Two months	<input type="radio"/> Three months	<input type="radio"/> Six months (only on 2 <sup>nd</sup> + renewal)

<b>Please share any specific examples of how VoiceMail4All has helped you.</b>	
<i>May we have permission to quote your comments in future reports, promotional materials or media stories? We will not use your actual name.</i>	
<input type="radio"/> Yes	<input type="radio"/> No

<b>Would you like to get involved with developing or promoting VoiceMail4All? You can join our Service User Group, volunteer in our Partner Projects, provide a case study, or help out in other ways. Tick here to find out more and provide alternative contact details.</b>	
<input type="radio"/> I would like to get involved. Contact me on .....	

My Partner Project MAY contact me on my voicemail number AND record it on CHAIN

