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**HD Voice – Application form**

To become a member of HD Voice please:

1. Fill in the form below
2. Return to us at: HD Voice, Huntington’s Disease Association, Suite 24, Liverpool Science Park, 131 Mount Pleasant, Liverpool, L3 5TF. HDvoice@hda.org.uk
3. Your application will be acknowledged within 2 weeks.

This application form includes questions about your background and your experiences of Huntington’s disease. This information will be kept confidential and is used to help us match volunteers to projects and activities that are relevant to their experience of Huntington’s disease.

1. How did you hear?

How did you hear about HD Voice?

1. Personal details:

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| --- |
| Name: |
| Date of Birth: |
| Address: |
| Landline (if you are happy for us to make contact on it): |
| Mobile (if you are happy for us to make contact on it):  |
| Email address: HD Voice communications will normally be handled via email. From time to time, it may be helpful to the dialogue for members to share their thoughts directly with others, or the whole group. Would you be happy for your email address to be shared with other members of the group YES / NO |

1. Your background:

I have Huntington’s disease

I am at risk

I have had a positive test

I have had a negative test

I am a carer (currently or recently)

Other (or prefer not to say) Please give details:

1. Please tell us about your experience of Huntington’s disease:

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| --- |
|  |

1. Please tell us anything else about your personal background experience / skills which you feel might be helpful to the role of HD Voice. There are no specific expectations but sometimes it is helpful to know that members have a particular background e.g. academic, professional caring, research, volunteering etc.
2. Why are you interested in volunteering for HD Voice?
3. Data Declaration

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| --- |
| We take your privacy very seriously and comply fully with the Data Protection Act 2018 and the General Data Protection Regulation (GDPR). We will only use any personal information you send us for the purposes for which you provide it and we will not pass it on to any other parties.In the case of this registration form, information you provide will be used by the Huntington’s Disease Association for the purposes of organising and administering HD Voice. and to add your details to the general mailing list. If you would prefer not to receive these emails you can unsubscribe from general mailings by emailing info@hda.org.uk. Any personal information provided will be processed and managed in accordance with the data protection principles and those additional rights further updated within the GDPR. We collect and process your personal information under the legal basis of a contract: the processing is necessary for a contract we have with you.All employees who have access to your personal data and are associated with the handling of that data are obliged to respect the confidentiality of your personal data.For further information about data protection and your rights over the processing of your personal information please visit our website: <https://www.hda.org.uk/privacy-policy> DeclarationI would like to volunteer for the Huntington’s Disease Association – HD Voice. I understand that appropriate measures are taken to ensure that any personal information disclosed to the Huntington’s Disease Association is kept secure, accurate and up to date.  Your signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. Potential Conflict of interest

A ‘conflict of interest’ arises when the best interests of an individual volunteer are, or could be, different from the best interests of the charity itself. Please declare any potential conflict of interest. If you are in one of the categories below then volunteering for HD Voice may result in a potential conflict of interest:

- Employee of the Huntington’s Disease Association

- Receiving research funds from the Huntington’s Disease Association

- Employee of a pharmaceutical company

- Owner of shares in a company that currently markets or plans to develop medication or other treatments relevant to Huntington’s disease

- Government / NHS Policy maker

Please consider whether this, or for any other reason, your membership could result in a conflict of interest and then select the appropriate statement and sign below Note: a potential conflict of interest may not exclude you from membership of HD Voice however, it may exclude you from specific activities within the group.

I confirm there is no potential conflict of interest as a result of my potential volunteering role in HD Voice

I have to declare a potential conflict of interest as a result of my potential volunteering role in HD Voice

Details:

Your signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for applying to be part of HD Voice