National Organisation of Intervenors
Membership & Mailing List Form

Please complete both parts of the form to apply for membership or to be on the mailing list of the National Organisation of Intervenors. Please return forms to Jenny Fletcher, National Organisation of Intervenors, c/o 24 Gloucester Street, Wotton Under Edge, Gloucestershire, GL12 7DN

PART A

Name:
Address:

Tel: Home Work MOB:

Email:

Do you work in:-

  Education  □
  Social Services  □
  Health  □
  Other  □
  Unemployed  □

What is your professional title?

PART B

Please tick the appropriate boxes.

Do you work with:-

  Adults  □
  Children  □
Do you work with people who are:-

- Congenitally Deafblind
- Acquired Deafblind
- MSI
- Physically Disabled
- Learning Disabled
- Hearing Impaired with additional difficulties
- Visually Impaired with additional difficulties
- Other (please specify)

Educational Settings: Please describe the provision in which you work.

- Mainstream
- MLD
- HI
- Residential
- Nursery
- Other (please specify)

Other Settings: Please describe the setting in which you work.

- Adult Day Service
- Adult Residential
- Respite Care
- Home Based
- Other (please specify)
Place of work (optional)

How would you like the NOI to support you?  

I give permission for my details to be included on a
NOI membership database / mailing list. (Delete as appropriate)
SENSE Database / mailing list (Delete as appropriate)

Signed: _______________________________                    Date:

For office use only:

Entered onto Membership Database     ☐     ☐
Entered onto Sense Database           ☐     ☐