CONFIDENTIAL

GHITA

Registered Charity No: 220

Membership Form 27/07/18 V11

The personal information you provide will be used solely to administer your GHITA membership and if you agree, for the purposes stated below:

Name*:		Date of Birth:	
Gender:		GHA Patient Number:	
Address:			
Email*:			
Mobile*:			

***REQUIRED**

Do you have a hearing loss? If so how was it caused?

CONGENITAL (At or soon after birth)		ACQUIRED (At any age)	
Infection during pregnancy e.g. Rubella, Meningitis		Age (Presbycusis)	
Difficulties at birth		Infection e.g. Meningitis, Mumps	
Medicine e.g. Diuretics		Noise e.g. machinery or music	
Inherited from parents (Genetic)		Injury to the head or ear	
		Fluid in the ear (Otitis Media)	
Other?		Medicine e.g. treatment of Malaria	

What is the level of hearing loss (without a Hearing Aid)?

MILD	25-39 dB	Difficult to hear soft speech or when there is background noise	
MODERATE	40-69 dB	Can't hear speech clearly, even at close range	
SERVERE	70-94 dB	Hard to hear loud speech, but can hear a siren or a door slam	
PROFOUND	Over 95 dB	Experience most sounds only as a vibration	

Do you have any of these conditions?

Tinnitus	Ringing, buzzing or other intrusive sounds that make it hard to concentrate	
Meniere's	Vertigo/dizzy spells, sickness and a sudden drop in hearing	
Hyperacusis	Sounds, frequencies or volumes that are painful to hear	

Do you have another disability (e.g. mobility)? If YES, what is it?

Do we need to contact you in a different format (e.g. large print)? If YES, in what way?

Declaration & Consent

I confirm I have read and understood the Data Privacy Notice*	YES ☐
I agree to my data being stored and processed by GHITA*	YES ☐
I agree to abide by the Constitution, Membership Policy and Disciplinary Policy*	YES ☐
I agree to be added to the GHITA mailing list	YES ☐ NO ☐
I agree to join the **Gibraltar Health Authority** Hearing Loss Register and allow GHITA to share my personal information with them	YES ☐ NO ☐
I agree to my name, mobile number and GHA patient number being given to **Gibraltar Health Authority**, so they may register my details on their text messaging (SMS) system	YES ☐ NO ☐
I agree to my name, mobile number and address being given to the **Gibraltar Emergency Services**, so they may register my details on their text messaging (SMS) system	YES ☐ NO ☐

***REQUIRED**

I confirm I wish to become a member of GHITA and I give my consent to GHITA to store and process my personal data:

Signed:_____Name: _____Date:_____

GHITA Use Only

Task	Date Done	By
File Check List Created		
Form Validated		
Membership Approved		
Data Entered		
Form Filed		
Welcome Pack Sent		