**Golden Grant Makers**

**Expression of interest form**

**Please complete and return this form to Patrick Jones** **patrick.jones@cripplegate.org.uk** **or by post to 13 Elliott’s Place, London N1 8HX no later than 16 September 2022**

|  |
| --- |
| **Name:** |
| **Home address:** |
| **Postcode:** |
| **Tel:** | **Email:** |

|  |
| --- |
| Why do you want to be part of a programme that gives older people power to shape their local area?  |
| What are your views on what it is like to live in Islington and what do you like about living here? |
| What are the main issues facing older people in Islington? |
| If you could pick three things to improve life for older people in Islington what would they be? |
| If you could design your ideal project or activity in Islington what would it look like? |
| Please tell us about any experiences, skills, or personal qualities that you think will would make you a good Panel member. |
| Are you able to commit to the whole process as outlined in the information pack? |
| Please tell us anything practical we need to know to enable you to take part. *For example** *times / days to avoid setting meetings on*
* *any dietary requirements*
* *other help or assistance we need to provide that would help you participate*
* *any expenses you are likely to need us to cover for you to take part*
 |
| It is planned that all meetings will take place at Cripplegate’s office, with the necessary precautions taken to prevent the spread of COVID-19. If there is another lockdown, we will deliver all sessions online. Please let us know whether you would be able/willing to engage in the process online and if this were to happen, if you would need any equipment (for example a loaned laptop, laptop camera, additional data, a WIFI dongle) to make this possible.  |
| How did you hear about this opportunity? |

 **This form is anonymous – you do not have to put your name on it.**

**It is to help us find out a little more about who has applied to be a Panel member.**

**Age:** 56-65 ☐ 66-75 ☐ 76-85 ☐

**Gender (tick one)**

Female ☐Male☐Intersex☐Non-binary ☐ Prefer not to say ☐

If you prefer to use your own term, please specify here \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sexuality (tick one)**

Heterosexual ☐Lesbian☐Gay ☐Bisexual☐Prefer not to say ☐

If you prefer to use your own term, please specify here \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you consider yourself to have a disability or additional support needs?**

Yes ☐No☐Prefer not to say ☐

If you answered ‘Yes’ please describe the nature of your disability:

**Your Ethnicity (please tick one):** *(Categories taken from 2011 census).*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Asian or Asian British** | **Black or Black British** | **White** | **Mixed** | **Other ethnic group** |
| [ ] Bangladeshi[ ] Chinese[ ] Indian[ ] Pakistani[ ] Other Asian background, please specify:  | [ ] African[ ] Caribbean[ ] Other Black background, please specify: | [ ] British[ ] Irish[ ] Gypsy/Traveller[ ] Other White background, please specify: | [ ] White/Black Caribbean[ ] White/Black African[ ] White/Asian[ ] Other Mixed background, please specify:  | [ ] Arab[ ] Other ethnic group, please specify: |

**Your Religion (please tick one):**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Agnostic  |  | Atheist |  | Baha’i |  | Buddhist |  |
| Christian |  | Hindu |  | Humanist |  | Jain |  |
| Jewish |  | Muslim |  | Rastafarian |  | Sikh |  |
| Zoroastrian |  | None |  | Prefer not to say |  | Other (please specify): |  |

**Thank you for completing this form. It will be filed separately from your application.**