



## CASSUP Network registration form

Join the CASSUP Network to receive information about events and to find out how you can have your say on improving adult social services in Croydon. Please tell us what you are interested in and how you can be contacted by completing and returning this form.

**First name**

**Last name**

**Address**

**Post code**

**email address**

**Telephone: Home**

**Telephone: Mobile**

**I would like to be involved in the following ways (tick all that apply)**

- |   |   |
|---|---|
| <input type="checkbox"/> <i>Newsletter by email</i>               | <input type="checkbox"/> <i>Joining a service improvement working group</i> |
| <input type="checkbox"/> <i>Newsletter by post</i>                | <input type="checkbox"/> <i>Attending local information events</i>          |
| <input type="checkbox"/> <i>Completing questionnaires</i>         | <input type="checkbox"/> <i>Mystery shopping of council services</i>        |
| <input type="checkbox"/> <i>Attending conferences</i>             |   |
| <input type="checkbox"/> <i>Attending small discussion groups</i> |   |

*Other activities (please say what)*

**I am available to take part during (tick all that apply)**

- Morning*       *Afternoon*       *Evening*       *Weekend*

**I / the person I care for use these social services. (tick all that are relevant)**

- |  |  |
|--|--|
| <input type="checkbox"/> <i>Residential care</i>         | <input type="checkbox"/> <i>Shared lives</i>                 |
| <input type="checkbox"/> <i>Domicilliary care</i>        | <input type="checkbox"/> <i>Sheltered housing</i>            |
| <input type="checkbox"/> <i>Meals on wheels</i>          | <input type="checkbox"/> <i>Carer support / Respite care</i> |
| <input type="checkbox"/> <i>Careline / Careline plus</i> | <input type="checkbox"/> <i>Telecare</i>                     |
| <input type="checkbox"/> <i>Day care</i>                 | <input type="checkbox"/> <i>Other</i>                        |

*If other, please say which service*

**I / the person I care for have an interest in these social services. (tick all that are relevant)**

- |   |   |
|---|---|
| <input type="checkbox"/> Residential care         | <input type="checkbox"/> Shared lives                 |
| <input type="checkbox"/> Domicilliary care        | <input type="checkbox"/> Sheltered housing            |
| <input type="checkbox"/> Meals on wheels          | <input type="checkbox"/> Carer support / Respite care |
| <input type="checkbox"/> Careline / Careline plus | <input type="checkbox"/> Telecare                     |
| <input type="checkbox"/> Day care                 | <input type="checkbox"/> Other                        |

*If other, please say which service*

**I give my permission for this information to be used to send me relevant information about events and services**

- |   |   |
|---|---|
| <input type="checkbox"/> by Croydon Council | <input type="checkbox"/> by voluntary organisations |
|---|---|

**Signed**

**Date**

**Equalities monitoring questions: we want to ensure that the CASSUP network is accessible and useful to people from all sections of society in Croydon, and will take steps to address gaps or barriers once we know about them. Answering the following questions will help us achieve this.**

**Are you?**

- |                             |  |
|-----------------------------|--|
| <input type="radio"/> 18-24 | <input type="radio"/> 55-64              |
| <input type="radio"/> 25-34 | <input type="radio"/> 65+                |
| <input type="radio"/> 35-44 | <input type="radio"/> Do not wish to say |
| <input type="radio"/> 45-54 |  |

**Do you consider yourself to have a disability?**

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

**If yes, please tick all that apply.**

- Prefer not to say*
- Hearing impaired*
- Mobility impaired*
- Learning disability*

- Visually impaired*
- Communication difficulty*
- Mental health problems*
- Other*

*Please specify*

**What is your ethnic group?**

- White British (English, Welsh, Scottish, Northern Irish)*
- Any other White background*
- Mixed White and Black Caribbean*
- Mixed White and Black African*
- Mixed White and Asian*
- Any other mixed/multiple ethnic background*
- Asian or Asian British - Indian*
- Asian or Asian British - Pakistani*
- Asian or Asian British - Bangladeshi*
- Chinese*
- Any other Asian background*
- Black or Black British Caribbean*
- Black or Black British - African*
- Any other Black background*
- Any other ethnic group*
- Prefer not to say*

**15. What is your religion?**

- Buddhist*
- Christian*
- Hindu*
- Jewish*
- Jain*
- Muslim*
- Sikh*
- None*
- Other*
- Prefer not to say*

*If other please state*

**Please return this form by post to: The Resident Involvement and Scrutiny Team**

**Croydon Council, Department of Adult Services, Health and Housing,  
Floor 3 zone A. Bernard Weatherill House, 8 Mint Walk, Croydon CR0 1EA  
or by email to: [CASSUP@croydon.gov.uk](mailto:CASSUP@croydon.gov.uk)**