



# Application Form

Quest

BM Box 2585  
LONDON, WC1N 3XX

Registered Charity No: 294388

membership@questlgbti.uk

## Basic Information

Title (optional):                      First name:                      Last name:

Current address:

City:                                              County:                                              Postcode:

Country if not UK                                              DoB:

Email address:

Phone number:

Have you been a member of Quest before?     Yes     No    If yes and you know your previous membership number, please note it here.

How did you find out about Quest

Please tick to indicate you agree to Quest processing your data in order to manage your membership and deliver our services. The Privacy Policy is on the website (<https://wp.me/P3MlaP-bjw>) or can be requested from the secretary.

## Gift Aid

Please tick the box which applies:

I am a UK taxpayer and would like Quest to claim Gift Aid on all my subscriptions and donations from today until such time as I notify otherwise.                       I am not a UK taxpayer.

(please also complete and return the attached gift aid form)

## Payment details

Which annual membership rate is most appropriate for you?  Full rate £30  Reduced rate £15  
 Hardship rate £7.50  I am not able to pay at the moment rate £0.00

How will you be paying?  Cheque / postal order,  Standing order / credit transfer  PayPal

If paying by standing order, please also complete and return the attached form

How does your name appear on your bank statements? (*Standing orders and credit transfers only*)

## Communication preferences

How would you like to receive Quest communications?  Printed format only  Bulletin printed, everything else electronic  Electronic format only

Receiving general mailings electronically greatly reduces our admin burden.

Would you like to receive automated email alerts for new content on the Quest website?  Yes  No

Would you like to be in touch with a regional group?  Yes  No

If yes which regional group location would work best for you?

<input type="checkbox"/> Quest in London & the South East	<input type="checkbox"/> Quest in the North
<input type="checkbox"/> Quest in the Midlands	<input type="checkbox"/> Quest in Scotland
<input type="checkbox"/> Quest in the South West	

## Signature

I would like Quest to process my membership application as detailed on this form.

Signature:

Date:

# Quest Demographic Data

Quest is committed to ensuring that what we do is tailored to our membership: this includes our groups, events, interactions with allies & church hierarchy and other engagements with society at large. Currently our younger members, women, people of colour and trans members appear to be under-represented in the life, activities and leadership of Quest. Demographic information about our membership will help us to verify this (or not) as well as monitor what we do and to better represent Quest.

The data we are collecting in this section is often referred to as 'sensitive data'. Any answers you give will be treated in the strictest confidence. In brief, access to this data (and other membership data) is restricted to designated Quest personnel and will be treated confidentially. For more information you can read the **Privacy Policy** and the **Data Protection Policy**, electronic versions of which are available on the website (see 'About Quest' tab) and paper copies on written request from the secretary.

In asking you to consider sharing this data with us we are aware of the different ways that questions such as these can be asked, as well as the different answers that one might look for when considering your response. As a result we have tried to be both sensitive and flexible but recognise that the language and options used will suit some and not others. No offence is intended, and we are all on a learning journey. If you wish to give constructive feedback about the form to inform our learning further, you should contact the Chair.

All data fields in this section are optional. If you do not wish to answer a particular question your data record for that section will indicate 'not answered'. You can withdraw your consent for us holding this data at any time by writing to us at Data Enquiry, Quest, BM Box 2585, London WC1N 3XX.

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## Which of these best describes your sexual orientation?

(please tick one)

- |                                                                                 |                                                |
|---------------------------------------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Bisexual                                               | <input type="checkbox"/> Gay woman/lesbian     |
| <input type="checkbox"/> Gay man                                                | <input type="checkbox"/> Heterosexual/straight |
| <input type="checkbox"/> Questioning                                            |                                                |
| <input type="checkbox"/> If you prefer to self-describe please do so here _____ |                                                |
| <input type="checkbox"/> Prefer not to say                                      |                                                |

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**Which of these best describes your current gender identity?**

(please tick one)

- Male  Intersex  
 Female  Non-Binary  
 If you prefer to self-describe please do so here: \_\_\_\_\_  
 Prefer not to say

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**Do you identify as Trans?**

(please tick one)

- Yes  No  Prefer not to say

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**Do you identify as the same sex you were assigned at birth?**

(please tick one)

- Yes  No  Prefer not to say

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**Which of these, best describes your Marital or Partnership Status?**

(please tick one)

- Single  Married  
 Partnered  Surviving partner / spouse  
 Civil Partnership  Prefer not to say

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

The Disability Discrimination Act 2005 defines a person as having a disability if he or she "has a physical or mental impairment which has a substantial and long-term adverse effect on his/her [their] ability to carry out normal day to day activities."

(please tick one)

- Yes  No

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**Which of these best describes your Religion / Faith?**

(please tick one)

- Catholic  Other Christian Denomination  
 Other Faith  
If you wish to specify, please do so here: \_\_\_\_\_

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**Do you attend Church services (this includes buildings of worship for non-Catholic members)?**

Please answer the question with regards your attendance prior to the pandemic.

**(please tick one)**

- |                                       |                                                              |
|---------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Regularly    | <input type="checkbox"/> Only when service is LGBT+ focussed |
| <input type="checkbox"/> Occasionally | <input type="checkbox"/> Never                               |
| <input type="checkbox"/> Other        |                                                              |

If you wish to specify, please do so here: \_\_\_\_\_

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**Have you experienced homophobic, transphobic, biphobic or other bullying in a faith-based setting due to your LGBT+ identity / orientation?**

**(please tick one)**

- Yes, and I reported the incident
- Yes, and I did not/could not report the incident
- No

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**Which of these best describes your Ethnicity?**

**(please tick one)**

- Black or Black British  
If you wish to specify please do so here \_\_\_\_\_
- East Asian or East Asian British  
If you wish to specify please do so here \_\_\_\_\_
- Multiple Heritage  
If you wish to specify please do so here \_\_\_\_\_
- South Asian or South Asian British  
If you wish to specify please do so here \_\_\_\_\_
- White or White British  
If you wish to specify please do so here \_\_\_\_\_
- Other ethnic group  
If you wish to specify please do so here \_\_\_\_\_
- Prefer not to say

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