



New Member Registration

New Member's Personal Details

First Name(s): _____ Surname: _____

Name by which Member prefers to be known: _____

Home Address:

Postcode: _____

Telephone: _____

Email Address: _____

Nature of Disability (ies) – (Wheelchair user and it is important to note if new member is susceptible to fits or blackouts.)

Age: _____ Date of Birth : _____ Sex: _____

What activities are you looking for initially?

Which Centre do you wish to attend? BURY IPSWICH HAVERHILL

What Day(s) do you wish to attend? MON TUE WED THUR FRI

How will you get to the centre? _____

If taxi please state name and number of firm:-

Living Arrangements – for example "With Parents" , "With Other Relatives",
"Alone", "Residential Home" or "Care Home" etc.,

Other Contacts

Name of **Next of Kin:** _____

Relationship to Member: _____

Home address: _____

Postcode: _____

Home Telephone: _____

E-mail address: _____

Doctor: _____

Surgery address: _____

Telephone: _____

Social Worker: _____

Office Address: _____

Telephone: _____

Key Worker: _____

Telephone: _____

Please state if private / county / personal budget or other funding body.

Funder: _____

Address For Invoice: _____

Postcode: _____

Telephone for query: _____

Member's personal likes and dislikes.

Likes:

Dislikes:

Members Communication

Verbal/Non-Verbal Communication (e.g. how are any particular feelings or needs expressed?)

Is there anything else we need to know?

How did you hear about THE CENTRE?

Are you happy for THE CENTRE to use photographs/video diaries, to be used for monitoring, evaluation, reporting, any publicity and support for further funding applications?

YES or **NO** (circle whichever is application)

(NB. THE CENTRE is registered under the Data Protection Act and any records kept including these registration details, will meet the legal requirements.)

Member Signature: _____

Date: _____

Checked for The CENTRE by _____

Date: _____