



Membership/Guest Application Form

Membership no(s)

Part 1 - Personal Details of Member / Guest - Please complete in BLOCK CAPITALS

Title (Mr/Mrs/Miss/Ms/Other) _____ Surname _____

First Name(s) _____ Date of birth ____ / ____ / ____

Organisation name _____

Address _____

Postcode _____

Telephone (home) _____ Mobile _____

Email address _____

Emergency name & contact _____

Relationship _____

How would you describe your ethnic background? **One box only.**

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> White British | <input type="checkbox"/> Black African | <input type="checkbox"/> White Irish | <input type="checkbox"/> Black Caribbean |
| <input type="checkbox"/> White other | <input type="checkbox"/> Black other | <input type="checkbox"/> Indian | <input type="checkbox"/> Mixed origin |
| <input type="checkbox"/> Pakistani | <input type="checkbox"/> Asian other | <input type="checkbox"/> Other, please state: _____ | |

Please be aware that all the lifting equipment is subject to a variety of weight restrictions, therefore, for safety reasons, we need you to indicate your weight here.

_____ KG or _____ Stones

We prefer you to use our slings where possible. If you wish to use your own you have a responsibility to ensure that it is compatible with our lifting equipment, and you must hold a valid lifting certificate.

Membership start: _____ Membership expiry date: _____

Induction date: _____ Inducted by: _____

- | | |
|---|---|
| <input type="checkbox"/> Membership rules | <input type="checkbox"/> Sensory room |
| <input type="checkbox"/> First aid | <input type="checkbox"/> Fire evacuation |
| <input type="checkbox"/> Health and safety | <input type="checkbox"/> Complaints procedure |
| <input type="checkbox"/> Reporting problems | <input type="checkbox"/> Access control |
| <input type="checkbox"/> Guest/children supervision | <input type="checkbox"/> Hydrotherapy rules |
| <input type="checkbox"/> Garden activities | <input type="checkbox"/> Sensory cave and ball pool |
| <input type="checkbox"/> Hoist procedure | <input type="checkbox"/> CCTV |
| <input type="checkbox"/> Tour of Centre | <input type="checkbox"/> Activities |

I have been inducted into the Alan Shearer Centre I am satisfied that I am competent to operate all equipment and I have fully understood the Centre's rules, policies and procedures.

Date: ____ / ____ / ____ Print Name _____ Signature: _____

Membership/Guest Application Form

Membership no(s)

Part 2 - Agreement

The following is a summary of the Centre's terms and conditions of use a full version of which is available from reception on request.

The Alan Shearer Centre is open to all but is designed for people with restricted mobility, special needs or care requirements. In order to facilitate the safe use of the facilities we ask that you have discussed your needs with our staff when booking. We classify a carer or parent as a guest of a member.

For members with restricted mobility we request that you are accompanied by a guest who is able to provide all the assistance you need.

For members with special needs or care requirements (other than for family groups) there must be a person accompanying each member who is a suitably qualified or experienced adult carer and who is able and competent to meet the needs of that member.

We reserve the right to deny you access to the facility or facilities of the Centre at any time and in the interest of safety.

Data Protection Act

- The gathering, storage, use and disposal of personal information is regulated by the Data Protection Act 1998
- We are actively committed to protecting the privacy of our members
- We treat all information given to us in confidence and as required by the Data Protection Act 1998
- We request information from you for marketing and administrative purposes, to facilitate the induction process and to assess the suitability of our facilities

On occasion we may take photographs of the facilities/activities which may be used for promotional purposes. If you do not consent to the use of your photograph in this way please notify reception staff at the time.

Agreement section

I certify that the information given on the this form is correct. I agree that I will abide by the rules and regulations of the Centre. I declare that I am medically fit to use the facilities provided by the Centre and that if I am in any doubt I will consult my G.P. I note that it is my responsibility to ensure that I am medically fit on each and every visit to the Centre and that if I suffer from a medical condition, including but not limited to epilepsy and cardiovascular problems and pregnancy, I should seek prior medical approval.

Date ____/____/____

Print Name: _____ Signed: _____

Member / Guest (delete as appropriate)