To become a member of Jackie’s Drop-In Centre and enjoy access to its available facilities you need to complete an induction interview and this form. Thank you for your cooperation.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **DOB** |  |
| **Address** |  | **Phone** |  |
| **Email** |  | | |
| **Disabilities**  *(Please tick)* | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | ADHD |  | Dementia |  | Joubert Syndrome |  | | Anxiety |  | Depression |  | Learning Disability |  | | Aspergers |  | Downs Syndrome |  | Mental Health Issues |  | | Attachment Disorder |  | Epilepsy |  | Mobility Issues |  | | Autism |  | Fragile X Syndrome |  | PTSD |  | | Behavioural Issues |  | Hearing Issues |  | Schizophrenia |  | | Bipolar |  | Hemiplegia |  | Sight Issues |  | | Cerebral Palsy |  | Hypermobility Syndrome |  | Speech Issues |  | | **Date of last epileptic seizure:** | | |  | | | | **Other** |  |  | | | | | | |
| **Medication** | Please note you are responsible for administering your own medication, but we would like a photocopy of your latest prescription sheet for our records, have you brought one in? | | |
| **Allergies** |  | | |
| **GP Name** |  | | |
| **Surgery Name** |  | | |
| **Support Worker** | If your support worker will be attending these sessions with you, we need their name & number.   |  |  | | --- | --- | | **Name** |  | | **Mobile** |  | | | |
| **Additional Notes**  **(i.e. likes/dislikes)** |  | | |
| **Emergency Contacts** | |  |  |  | | --- | --- | --- | | Name |  |  | | Relationship |  |  | | Mobile |  |  | | Email |  |  | | | |

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| --- | --- | --- | --- |
| **This form MUST be signed, by signing you confirm the following:**   * **the information you have provided is correct and you will inform us in writing if anything changes** * **you consent to Jackie’s Drop-In centre storing and processing your personal details** * **you accept the terms and conditions of your membership** | | | |
|  | **Name** | **Signature** | **Date** |
| **Member** |  |  |  |
| **Carer** |  |  |  |
| **Staff** |  |  |  |

**Photos & Videos**

From time to time we take photos/videos at the centre can you please sign in the box below if you are happy for us to use your image within the centre and on any promotional advertising material, including our social media sites?

|  |
| --- |
| **I agree to my photograph being taken and for it to be used to promote the centre.** |

**Terms & Conditions of Membership:**

|  |  |
| --- | --- |
| **Item** | **Agreed** |
| Know what to do in the event of a fire |  |
| Read and agree the Service users code of conduct   * To treat all people with respect and behave in a manner appropriate to the environment * To NOT behave in an aggressive way – no aggressive behaviour or bullying will be tolerated (no pushing, hitting, punching, kicking swearing, shouting, spitting, etc.) * All service users to be treated as adults * To follow safety rules given by the staff * To accept the action that will be taken in the event of you breaking these rules |  |
| Do not post any negative comments about the Centre on any of your social media channels, if there is a problem, please talk to us first. |  |
| Be familiar with our complaint procedure: Ask to look at our complaints policy, report the complaint verbally or in written form to the office. |  |
| Access to the Centre (and sensory garden) is only permitted during 11am – 3pm Mon-Fri, please do not arrive before 11am or leave after 3pm, except to attend an out of hours additional promoted activity, e.g. Halloween party, Christmas dinner etc |  |
| Do not utilise staff designated areas to the side of the building |  |
| Please note that in the event of a medical emergency we will contact the designated next of kin, and if we cannot make contact with them we will call an ambulance. |  |