

# Membership Application Form

Please complete this form in block capitals

Membership Number: .....

( To be completed by a member of staff )

## Member's personal details

First Name: ..... Surname: .....

Address: .....

Town: ..... County: ..... Postcode: .....

Date of birth ..... /..... /.....

Nature of disability - please tick all that apply :

Mobility  Visual  Hearing  Cognitive  Behavioural  Medical  Other

Please provide details if other, and / or provide any other information of which you think we should be aware:

.....  
 .....  
 .....  
 .....  
 .....

## Contact details (Person responsible for member while at the Centre)

The person named as the contact will be used as our main point of contact unless we are informed otherwise.

Title:  Mr  Mrs  Miss  Ms  Other: .....

First Name: ..... Surname: .....

Name of Organisation or Responsible Body (if applicable): .....

Relationship to member or position: .....

Address: .....

Town: ..... County: ..... Postcode: .....

Tel No: ..... E-mail: .....

Please tell us briefly how and where you first heard about the Alan Shearer Activity Centre.

## Summary of the Centre's terms and conditions of use

The Alan Shearer Centre is designed for children and adults with disabilities.

In order to facilitate the safe use of the facilities we ask that you have discussed your needs with our staff when booking.

Members requiring assistance and support must be accompanied by a suitably qualified or experienced adult carer, who is able and competent to meet the needs of that member.

We refer to accompanying responsible adult carers as guests of a member.

All guests and members must be medically fit to use the facilities provided by the Centre and must consult their GP if in any doubt.

All guests and members must be able to operate the equipment safely and must ask for assistance from the Centre Staff if in any doubt at any time.

Where applicable, guests must be suitably qualified or experienced in lifting and handling procedures associated with the safe use of hoists.

Guests must sign the Guest / Members log on every visit to the Centre, clearly noting the total numbers of people in their party and the lead person responsible.

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

## Declaration

I confirm that I have read, understood, and will abide by, the rules and regulations of the Centre.

I am competent to operate safely the equipment for every facility I use within the Centre.

I am suitably qualified or experienced in operating safely the hoists available within the Centre.

I note that it is my responsibility to ensure that I am 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, prior medical approval must be sought.

At St Cuthbert's Care we produce a wide range of materials to publicise and promote our work. We would like your permission to use any photographs in which you may appear to illustrate the work of the charity and the services it provides.

This may include our printed publications, websites, advertisements, news items, display materials and any other media we may use in the future.

By completing this form you give us full permission to use these images. You can withdraw your permission at any time, but we would ask you to do so in writing.

I give consent for photographs to be taken and used for publicity by St Cuthbert's Care.

I certify that the information given on this form is correct.

Print Name: .....

Signed: .....

Member / Person Responsible (delete as appropriate) Date: .....

If you would like to discuss any of the information on this membership application form, please contact **Amanda Head, Alan Shearer Centre Manager on 0191 267 8118.**

**Please hand in your completed form at reception or return to  
Alan Shearer Centre, West Denton Close, Newcastle upon Tyne, NE15 7LU**

Ref No: \_\_\_\_\_

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Service or project where photos were taken \_\_\_\_\_

Name of person(s) being photographed (or name of school / organisation / group if applicable)

Name of relative, carer or other responsible adult if applicable (Please print)

Relationship to person(s) being photographed

#### Contact details

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Please note that on occasions we may choose to provide external organisations and the media with photographs from our library.

Any other information you would like to provide regarding use of your photographs:

I agree to photographs being used to promote the work and services of St Cuthbert's Care.  
I understand that I do not own copyright or have any rights of ownership over the images.

Signed - Parent / Carer / Responsible Adult  
(please indicate if applicable)

Signed on behalf of St Cuthbert's Care

Date

\_\_\_\_\_

1. Photographs will be stored electronically in the charity's photo library and will be deleted when no longer considered current or if consent is withdrawn.
2. Consent forms will be retained by St Cuthbert's Care in order to ensure that we have written permission to use any chosen photograph.
3. If consent is withdrawn by/for the person(s) named, we will remove any images currently in use as soon as written confirmation is received.  
**Please note:** photographs may still appear in public on materials printed before the deletion date.
4. We will only disclose names when using images by prior agreement.

**Thank you for helping us**