

# 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.

The personal data you provide will be used, stored and deleted in accordance with St Cuthbert's Care's privacy notice, which is available as a download at <http://www.stcuthbertscare.org.uk/privacynotice.pdf>

## 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 be grateful if you would complete the attached photo consent form.

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**

## Taking photographs in the Centre

We are happy for you to take photos during your visit to our Alan Shearer Activity Centre. However, we do ask that you consider the privacy of other members and visitors who may appear in your photos, particularly when sharing your photos on websites or social media. Thank you.

The Alan Shearer Centre is part of





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

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 your photographs, together with your name, to illustrate the work of the charity and the services it provides.

The personal data you provide will be used, stored and deleted in accordance with St Cuthbert's Care's privacy notice, which is available as a download at [www.stcuthbertscare.org.uk/privacynotice.pdf](http://www.stcuthbertscare.org.uk/privacynotice.pdf)

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

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

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

Relationship to person(s) being photographed

Contact details

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

I agree to photographs and my name being used to promote the work and services of St Cuthbert's Care, as detailed below. **Please tick all that apply.**

I understand that I do not own copyright or have any rights of ownership over the images.

Website Internet	Adverts	Display material E.g. posters	Printed publications E.g. Brochures/leaflets	Share with external publications/organisations

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

Signed on behalf of St Cuthbert's Care

Date

\_\_\_\_\_

- Photographs will be stored electronically in the charity's photo library and will be deleted when no longer used by the charity or if consent is withdrawn.
- If consent is withdrawn we will remove any images currently in use as soon as written confirmation is received, however, photographs may still appear in public on materials printed before the deletion date.

## Thank you for helping us

**For office use only.**

Event / Activity (if applicable) \_\_\_\_\_