



# Alan Shearer Activity Centre 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 for all marketing purposes 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: .....

**Overleaf is a summary of the Centre's terms and conditions of use. Please read them and sign the declaration. A full version of the terms and conditions is included within the introductory membership pack and copies are available from reception upon request.**

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

The Alan Shearer Activity Centre 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.

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, and my accompanying member/s, are fit on each and every visit to the Centre and that if I or my accompanying member/s suffer from a medical condition, including but not limited to epilepsy and cardiovascular problems and pregnancy, prior medical approval must be sought.

I give consent for photographs to be taken and used for publicity by St Cuthberts 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 **Maxine Pearson, Alan Shearer Activity Centre Manager on 0191 267 8118**