

Brading Men's Shed Membership Application Form and Record



SENSITIVE PERSONAL DATA

Complete the membership form to become a member of Brading Men's Shed. Your form cannot be accepted unless it is completed in full, including the disclaimers overleaf.

Personal Information

| | | | | | |
|---------------|----|-----------|----|---|--|
| Name: | | | | | |
| Date of Birth | | Known as: | | | |
| Address: | | | | | |
| | | | | | |
| | | | | | |
| Postcode: | PO | Email | | @ | |
| Telephone no: | | Mobile No | 07 | | |

Emergency Contact

| | | | | |
|-------------------|--|---------------|--|--|
| Contact name: | | Relationship: | | |
| Address | | | | |
| Telephone Numbers | | | | |

Medical Details

| | | | |
|--|--|---------------------|--|
| Doctor's Practice: | | Doctor's Telephone: | |
| <p>Please supply enough information for us to brief an ambulance crew if you are unable to do so yourself. In particular we need to know if you are living with diabetes or epilepsy or taking blood-thinning medication which may affect how you bleed if injured or bruised.</p> | | | |
| <p>This information will NOT be published to shed members but kept for emergencies only.</p> | | | |

Application

| | | |
|--|-------------------|-------------|
| I apply to become a member of Brading Men's Shed. I undertake to abide by the rules set out in the constitution and policies of the Shed. | | |
| Signature | Print Name | Date |

Declarations and Disclaimers

To become a member you must read in full and confirm your acceptance and agreement to each of the statements below.

Safety

I understand that the activities of the Shed carry hazards and I will be doing them at my own risk. I understand that my safety is my own responsibility and confirm that I will comply with the Shed's Health and Safety policy. I will wear any personal protective equipment deemed necessary for any particular item of equipment and will comply with any and all safety instructions. I agree to ensure my full understanding of the instructions for use and safety on every piece of equipment I use and I will act responsibly to ensure my own safety and that of others. I understand that Brading Men's Shed excludes all liability to the full extent permitted by law and accept that neither Brading Men's Shed nor any of its management committee / members shall be liable for any direct or indirect loss, damage or injury arising from or in connection with my participation in the Shed's activities and I waive all and any claims in this respect.

I hereby confirm that I have read, understood and agree to the above statement.

Signature

Print Name

Date

Health

I understand that I must disclose details about my health that might affect me in carrying out the activities in Brading Men's Shed. I understand that Brading Men's Shed is not responsible for giving medical assistance or organising carers or medical support beyond seeking help in an emergency or referring me to professional services if they deem me to be at risk. ALL medical information will be treated as confidential and held securely.

I hereby confirm that I have read, understood and agree to the above statement.

Signature

Print Name

Date

Data Protection

I consent to the collection and processing of my personal information for the purposes of my membership of Brading Men's Shed, for my own safety and wellbeing, and so that Brading Men's Shed can communicate information to me. I understand that all information on this form will be treated as sensitive personal data and held securely. My personal information will not be published, distributed, sold or shared with third parties except in the case of a medical emergency as stated above, unless if required by law.

I understand that photographs and videos may be taken within the Shed. I consent to their use to promote the Shed in publications, newsletters and in print or online media including the Shed's website. (This consent can be withdrawn at any time in writing or by deleting this paragraph on initial application.)

I hereby confirm that I have read, understood and agree to the above statement.

Signature

Print Name

Date