

Brading Men's Shed Membership Application Form



SENSITIVE PERSONAL DATA

(if medical information is included)

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

| Personal Information | | | |
|--|--|------------------|--|
| Name: | | | |
| Known as: | | Date of Birth | |
| Address: | | | |
| | | | |
| | | | |
| Postcode: | | Email | |
| Tel no: | | Mobile No | |
| Do you have any of the following skills? | | | |
| Woodworking Metalworking <input type="checkbox"/> Electronics <input type="checkbox"/> Furniture Restoration <input type="checkbox"/> | | | |
| Other: | | | |
| What activities are you interested in doing in the Shed? | | | |
| Woodworking <input type="checkbox"/> Metalworking <input type="checkbox"/> Electronics <input type="checkbox"/> Furniture Restoration <input type="checkbox"/> | | | |
| Other: | | | |
| Emergency Contacts | | | |
| Contact name: | | | |
| Contact number: | | Relationship: | |
| Doctor's name: | | Doctor's number: | |
| Please state any medical details which we should be aware of the case of emergency (e.g. allergies, diabetes, epilepsy, medication) | | | |
| | | | |
| Shed Membership Fee | | | |
| The shed does not charge a membership fee at present, although this arrangement may change in the future, with the agreement of the majority of shed members. The Shed currently asks for donations to be made towards the cost of beverages and consumables used by shed members when you attend, in the form of a donations jar, held at the shed. | | | |
| Declarations and Disclaimers | | | |
| In order to become a member you must read in full and confirm your acceptance and agreement to each of the statements overleaf. | | | |

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 and in Brading Men's Shed communicating information to me.

I understand that from time to time photographs and videos may be taken within the Shed. I consent to their use by Brading Men's Shed and UK Men's Sheds Association in publications, newsletters and in the media to highlight the good work of Men's Sheds. I understand that this consent can be withdrawn at any time in writing.

ALL medical information will be treated as confidential and held securely. Your personal information will never been distributed, sold or shared with third parties not stated above, except if required by law.

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

Signature

Print Name

Date

This template has been produced by UK Men's Sheds Association exclusively for UK Men's Sheds Association member Sheds. The information enclosed herewith is for general interest on the given topic only. Users should not regard any of the information as constituting legal advice.

Please return your completed membership form to

Brading Men's Shed, c/o BYCC, The Old School, High Street, Brading. PO36 0DH

Age UK Isle of Wight Men's Shed Membership Form



Name of Shed: **Brading Men's Shed**

Complete the membership form to become a member of Age UK IOW Men's Shed. Your form will not be accepted unless it is completed in full, including the disclaimers below. THIS FORM IS TO BE COMPLETED IN ADDITION TO YOUR OWN SHED'S MEMBERSHIP FORM.

| Personal Information | | | |
|-----------------------------|--|---------------|--|
| Name: | | | |
| Known as: | | Date of Birth | |
| Address: | | | |
| | | | |
| | | | |
| Postcode: | | Email | |
| Tel no: | | Mobile No | |

| Declarations and Disclaimers | |
|---|--------------------------------------|
| You must read in full and confirm your acceptance and agreement to each of the following statements by ticking the box. | |
| Privacy | |
| I consent to the collection and use of my personal information for the purposes of my membership of Age UK IOW Men's Shed and in Age UK IOW Men' Shed communicating information that may be of interest to me. | <input type="checkbox"/> Please tick |
| I understand that my information may be used anonymously by other organisations for the purposes of research and monitoring. | <input type="checkbox"/> Please tick |
| I understand that from time to time photographs and videos may be taken within the Shed. I consent to their use by Age UK IOW Mens Shed, UK Mens Sheds Association and the Big Lottery in publications, newsletters and in the media to highlight the good work of Mens Sheds. I understand that this consent can be withdrawn at any time in writing. | <input type="checkbox"/> Please tick |
| I hereby confirm that I have read, understood and agree to the above statements Please sign | |
| My preferred means of communication from Age UK IOW is by: (please tick) Email <input type="checkbox"/> Telephone <input type="checkbox"/> Post <input type="checkbox"/> text <input type="checkbox"/> | |
| Please return form to Lois Prior, Age UK IOW, 147 High Street, Newport, IOW, PO30 1TY | |