

**Membership registration form**

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| 1. **First name:**
 | 1. **Surname:**
 |
| 1. **Date of birth:**
 | 1. **Gender:**
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| 1. **Address:**

**Postcode:** | 1. **Member tel (home):**

**Member mobile:** **Member email:**  |
| 1. **Country of birth:**
 | 1. **Nationality:**

  |
| 1. **Next of kin (emergency contact)**

Name:Relationship: Tel: Email: ­­­­­­­­­­­­­­­­­­­­ | 1. **Day-to-day contact**

Name: Relationship:Tel: Email: |
| 1. **Doctor’s information**

Name:Address:Tel: | 1. **Medication**

 Medication taken:**Allergies**: please tick if appropriate:

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 Hayfever Asthma Skin allergy Drug allergy Food allergy / Intolerance If drug allergy or food allergy/intolerance please state what: ………………… Do you carry any rescue medication? …………… (e.g. Epi Pen/ Midazolam)Any other, please state: ……………… |
| 1. **Household:**

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Live aloneLive with partnerIn supported livingWith parentsWith family member(s) Residential college | 1. **Conditions/behaviours/ information that staff need to be aware of, please tick if applicable:**

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Autism Diabetes EpilepsyDepression Anxiety Challenging behaviourIncontinence  |
| 1. **Preferred communication method:**

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Makaton Easy ReadSign LanguageVerbalFacial ExpressionsFlash CardsTalking Mats | **16. Independent traveller?**

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YesNo **If no please tick other method of transport:**

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Parent/carerTaxi Magpies transport**Please note Magpies transport may not always be available.****For members travelling by taxi to Magpies centre, please provide details below:**Taxi company name: ……………………….Phone number: ………………………………. |
| 1. **Any Deprivation of Liberty Safeguards (DoLS) or Mental Capacity Assessments (MCA) in place?**

 | 1. **List of care professionals:**
 |

**Please complete the below if you are applying for support at Magpies centre:**

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| **Start date:** |  |
| **Days attending:**  |  |
| **Support required:** |

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General member1-1 support |

**Please complete the below if you are applying for outreach support:**

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| --- | --- |
| **Preferred start date:** |  |
| **Hours per week:** |  |
| **Preferred days and times:** |  |
| **Activities to be supported with:** |  |
| **Any specific enabler (staff) requirements e.g. f/m, age, interests:** |  |

**Payment Arrangements**

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| **Funding source:** |

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Local authorityDirect payments Privately funded |
| **Funding secured?**  |

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YesNo In process |
| **Address to send invoices?** |  |
| **Contact number:** |  |
| **Email address:** |  |

**Magpies will use the personal details contained in this form in order to offer you the care and support to meet your needs. For more information about how we use your personal data, please ask to see our privacy policy and data protection policy.**

Member name: ……………………………………………..

Member signature: ……………………………………………..

Date: ……………………