

Community Activities Client Registration Form

Name:	Male <input type="checkbox"/> Female <input type="checkbox"/>
-------	---

Address: Postcode: Telephone Number: Mobile Number: E-mail:

Date of Birth:

Carer Name (if you have one): Address: E-mail: Telephone number:

Emergency Contact Name:	Relationship:
Telephone Number:	Mobile Number:
Address:	

<p>All information given on this form is completely confidential and will not be passed on to other agencies or organisations without your written consent. Your details will be kept in accordance with the Data Protection Act 1998 and will be held securely and confidentially. They will be accessed by authorised persons only. We would like to contact you with charity updates, newsletters, invites etc.</p>	
<p>Permission to contact by: Email <input type="checkbox"/> Telephone <input type="checkbox"/> Post <input type="checkbox"/></p>	
<p>Permission to use "quotes" from you and photographs or video of you, from time to time within Cotswold Friends Marketing campaigns: Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
How did you hear about Cotswold Friends?	<input style="width: 100%;" type="text"/>

Transport required:	Yes <input type="checkbox"/> No <input type="checkbox"/>
---------------------	--

Please fill in your Health and Finance details overleaf.



Are you happy around dogs if they come along on the walk?

Yes

No

If you have any health issues, please disclose them to us here. They may be relevant to your safety (e.g. hearing or sight impairment, dementia, diabetes, epilepsy, stroke or heart conditions, mobility problems, medications, blood disorders, allergies). Please include any relevant medications in your disclosure and their relevant effects:

.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

If you carry an SOS, Medic Alert card or similar, please give details:

.....
.....

Doctor's Name, Address and Tel No:

.....
.....
.....

Do you require any help with claiming benefits:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
---	------------------------------	-----------------------------

Do you receive Pension Credits:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
---------------------------------	------------------------------	-----------------------------

Do you need any help with housing:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
------------------------------------	------------------------------	-----------------------------

I declare that the information I have provided is true:	
Signed:	Date:
.....