BRAINTREE DISTRICT MENCAP CIO
CHARLES LEEKS HOUSE
7 Coggeshall Road
Braintree Essex CM7 9DB
Tel: 01376 326302
Registered Charity Number: 1192674

If you require this form in larger print or any other format, please ask a member of staff.

REGISTRATION FORM

You must be a member and have paid your membership fees to date before being able to attend adult leisure sessions and /or Gateway club.

Annual membership fee is charged for the period covering 1st January to 31st December and is priced at £10.00 per year for individuals and £20.00 per year for a family membership of 2 or more people.

Priority membership is given to those living in the Braintree District Area.

If you would like to talk to us about your access to Braintree District Mencap at Charles Leeks House please feel free to contact us via:

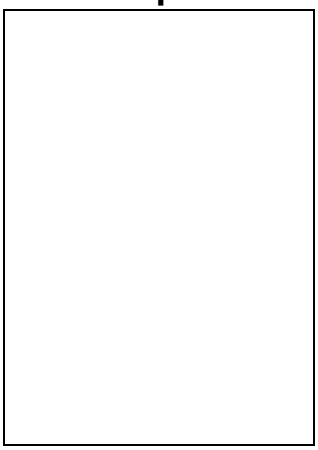
Telephone: 01376 326302

Email: generalmanager@braintreemencap.co.uk

Post: Braintree District Mencap, Charles Leeks House, 7, Coggeshall Road, Braintree, Essex, CM7 9DB.

Please complete all sections of this form in as much detail as possible – if you need assistance please ask a member of staff.

Your photo



Your full name: Date of birth: / /

Are you completing this form independently? Yes / no

If no, please give details of who is assisting you and their relationship to you (Mencap staff/parent/carer/partner/support worker etc.)

Assistant's name: Relationship:

Your address:

Postcode:

Home telephone number:

Mobile number:

Email address:

Living situation:

(E.g. Living with parents / supported living / Care home / Independent/Other – please specify)

Does anybody help you to make decisions for your healthcare?

No

Yes – please provide their details here:

Their name: Relationship to you:

Their contact number:

Details (e.g. Power of Attorney/Court of Protection/Deputyship etc.):

Does anybody help you to make decisions for your finances?

No

Yes – please provide their details here:

Their name: Relationship to you:

Their contact number:

Details (e.g. Power of Attorney/Court of Protection/Deputyship etc.):

Who should we contact if you are unwell / in case of an emergency?

First emergency contact:

Name: Relationship to you:

Address:

Contact number: Email address:

Second emergency contact (if available):

Name: Relationship to you:

Address:

Contact number: Email address:

Do you (or someone you care for) have a learning disability?

Yes / No

If yes, please give more information, such as what it is and how it affects you:

If aged 18-25, do you have an EHCP (Educational Health Care Plan)?

Yes / No

If yes, please could you provide us with a copy?

Are you on the Learning Disability Register at your GP surgery?

Yes / No

Do you have an Autism diagnosis?

Yes / No

If yes, please give more information, such as what and how it affects you:

Do you (or someone you care for) have a learning difficulty?

Yes / No

If yes, what is it and how does it affect you?

Do you have any heritage, cultural or religious needs to be considered?

Yes / No

If yes, please provide further information to assist us in understanding these to enable us to better meet your needs:

Do you have any mobility issues?

Yes / No

If yes, please give further details, we may need to complete a Personal Emergency Evacuation Plan for your safety:

Medical details:

Please provide us with any details around your specific medical needs (e.g. do you have epilepsy, seizures, diabetes, allergies etc.):

Do you take regular medication?

Yes / No

If yes, is it self-managed?

Yes / No

Please note, Braintree Mencap do not administer/assist in administration of medication (with the exception of emergency, lifesaving, medication such as epi-pens). If you require support in taking medication and it needs to be taken whilst in attendance at any Braintree Mencap sessions, you will need to bring appropriate support with you to assist.

Please list what medication is taken on a regular basis:

Will you be bringing a care worker or support worker to sessions?

Yes / No

If so, please provide details below (if an agency please provide main contact number):

Name / company:

Telephone number:

Braintree Mencap do not and cannot provide one to one support. If you need support in any aspects (including personal care), it is important that you bring someone with you to every session.

Are you known to any other professional services? (Social care / Police / Probation / Mental Health Team etc.)

Yes / No

If yes, please give more information below:

Do you access any other clubs / support groups / centres?

Yes / No

If yes, where else do you attend?

Is there anything else you think we should know about you (likes / dislikes etc.)?

Do you give permission for your photograph and / or video to be used for promotional purposes including on social media?

Yes / No

How would you prefer us to contact you (please circle one)?

Telephone

Email

Post

Signed: _____

Name: _____ Date: _____

This page is left blank for you to tell us anything additional that you think we should know or that you would like us to know about you so that we can help to make your time with us as comfortable, safe, supportive, welcoming and enjoyable as possible. Should you ever feel that you need to talk to someone to get advice or guidance please do reach out to a member of staff: