**Meet Up**

**Membership Information**

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| **MEMBER DETAILS*****(To be completed by parent / guardian if under 18 year)*** |
| **Name**  | **Date of birth** |
| **Address** | **Landline** |
|  | **Mobile** |
|  | **School attended** |
| **Postcode** | **School year** |
| **Email** |
| **PARENT / GUARDIAN DETAILS** ***(If member is under 18 years)*** |
| **Name**  | **Date of birth** |
| **Address** | **Landline** |
|  | **Mobile** |
|  | **Work no.** |
| **Postcode** | **Relationship to child** |
| **Email** |
| **EMERGENCY CONTACT DETAILS** ***Please provide details of an additional adult that may be contacted in the event of an emergency.*** |
| **Name**  | **Landline** |
| **Address** | **Mobile** |
|  | **Work no.** |
| **Postcode** | **Relationship to member** |
| **Email** |
| **ADDITIONAL SUPPORT*****Please give information of any professional agencies and adults currently supporting the member or family.*** |
| **Name**  | **Agency** |
| **Job role**  | **Contact no.** |
| **Name** | **Agency** |
| **Job role** | **Contact no.** |

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| **MEDICAL INFORMATION*****Please indicate by ticking the box if you/the member are currently being treated for any of the below:*** |
| **Heart disease** | **Anaemia or blood problems** | **Ear problems** | **Psychiatric care** |
| **Angina** | **Swollen ankles** | **Eye problems** | **Diabetes** |
| **Heart Murmur** | **Shortness of** **breathe** | **Seizures** | **Kidney / bladder****problems** |
| **High Cholesterol** | **Asthma** | **Stroke** | **Liver problems /** **Hepatitis** |
| **Low Cholesterol** | **Lung problems** | **Headaches or** **Migraines** | **Arthritis** |
| **High Blood** **Pressure** | **Sinus problems** | **Neurological** **problems** | **Cancer** |
| **Low Blood Pressure** | **Tonsillitis** | **Depression /****anxiety** | **Ulcers / colitis** |
| **Thyroid problems** | **Hayfever** | **Anaphylactic shock** | **Food allergies** |
| **Please give details of any other allergies, illnesses or conditions** |
| **Medication required:** |
| **STATEMENT OF ADDITIONAL NEEDS*****e.g. ADHD, Autistic Spectrum Disorder, Asperger’s, Global Development Delay, Learning difficulties etc.*** |
| **Diagnosis** |
| **Current support or treatment in place** |
| **Additional information *(such as triggers, motivators, de-escalation methods etc.)*** |
| **DOCTORS CONTACT DETAILS** |
| **Name of GP** | **Telephone no.** |
| **Surgery address** |

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| **LIKES, INTERESTS & HOBBIES** |
| **Music** | **Dance** | **Console Gaming**  | **IT** |
| **Cinema** | **Movies at home** | **TV** | **Social Media** |
| **Sports** | **Cooking** | **Art & Craft** | **Shopping** |
| **Card Games** | **Bingo** | **Board Games**  | **Puzzles**  |
| **Knitting** | **Crochet** | **Tapestry** | **Cross Stich** |
| **Cycling** | **Scooter** | **Skateboard** | **Walking** |
| **AMBITIONS*****(e.g. you may want to be a paramedic or meet a character from your favourite film)*** |
| *My life ambition is …* |
| **EXPECTATIONS*****Please tell us what you hope to gain from joining Meet Up*** |
| **Friends** | **Self esteem** | **Confidence** | **Social life** |
| **Social skills** | **Self respect** | **Respect for others** | **Self control** |
| **Independence** | **Positive choices** | **New talents** | **New opportunities** |
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| **EQUALITY & DIVERSITY** |
| **Ethnicity** | **Religion** |
| **Male** | **Female** | **Age** |

photo ID

**Membership, Information Sharing and Confidentiality Agreement**

Here at Meet Upwe are committed to providing services that aim to give the best support possible for you and your family. In order to do this it is essential that we are able to record vital information that will make it much easier for you / your child / your whole family to access our services.

As part of your membership at Meet Up, we kindly ask for your permission to keep a record of all personal, social and medical information that you provide us with. We will keep all information you give us confidentially, and we will not give it to any other service or organisation unless we think that there is a risk of harm to you / your child or others. If we do have to pass any information to other services, we will always try to inform you first.

Your details are stored securely on computer and on file and will be kept for a maximum of 6 years after your support from Meet Up has ended (unless there are exceptional circumstances which require us to keep them longer, of which you would be notified).

The Data Protection Act 1998 outlines how personal data should be recorded, used, stored and sets out the rights you have regarding your personal information. More information can be found on [www.dataprotection.gov.uk](http://www.dataprotection.gov.uk)

**Under 18’s**

In the interests of your child’s safety and wellbeing we also ask your permission to request information regarding your child from our partner agencies, such as schools or children’s services; but only if and when we feel absolutely necessary.

**Meet Up Expectations**

In order to keep you / your child safe whilst being supported by Meet Up we expect the following:

**RESPECT, each other, the staff & building.**

**NO drugs, alcohol, stealing or violence.**

**Acknowledgement**

By signing this membership form, you are agreeing for you / your child to receive support from Meet Up provided by The Benjamin Foundation. You / your child agree to adhere to the Meet Up expectations as outlined above. You are also consenting to your / your child’s information being recorded in accordance with the Data Protection Act 1998. You have the right to withdraw your consent for us to store your details at any time. Your information would remain on file but be stored anonymously.

Do you give consent for you / your child to be photographed or filmed during activities at Meet Up?

**Yes No**

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| **Name of member** | **Date** |
| **Signature of member** | **Age** |
| ***Signature of parent/guardian if under 18 years*** | ***Relationship to member*** |