



ROAR member application form

Adults with learning disabilities who live in, or receive services in Dacorum may apply to join ROAR. If you are having difficulties filling this form in, please ask someone to help you. Please complete all the sections that apply, as fully as possible (continue on extra sheets if necessary), and return it to the Dacorum Mencap office. The information you provide is confidential and is only for use by Dacorum Mencap. All your information will be kept secure and is protected under the Data Protection Act 1998.

If you are completing this form yourself please fill in your information below, if you are completing this form for someone else, please complete their information here and then your information at the end of the form.

About you:

Title: Mr Mrs Miss Ms

Name:

Address:

.....

..... Postcode

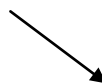
Home telephone number:

Mobile telephone number:

Email:

Date of Birth:

Please attach a photograph of yourself here



Do you give us permission to use photographs of you in publicity, newsletters, displays, social media etc.?

YES NO



About your learning disability:

Do you have a diagnosis of a learning disability?

YES NO

What is your diagnosis?

.....

When did you receive your diagnosis?

.....

Who gave you your diagnosis?

.....

About your Doctor:

Doctor's name:.....

Doctor's address:

Doctor's telephone:

One of our aims is to give unpaid carers a break, however we are not able to cater for everyone's needs, some will have to attend with a carer.

Are you planning to attend ROAR with your own carer?

YES NO

If yes, for what reason?

.....

Please note that we may have to charge your carer for some activities.



In case of emergency, who should we contact?

Name(s)

Phone number(s):

.....

About your main carer:

Name:

Telephone number:

Email:

Relationship to you :

If this is a staff member, who is their employer?

.....

Do you receive any support from family members or friends?

YES NO

If Yes, please provide details below, each one will need to fill in an equal opportunities form. (This is statistical for purposes, which our funders ask for, it is not used to identify individuals).

Carer 1 Name:

Phone number:

Relation to you:

Carer 2 Name:

Phone number:

Relation to you:



Equal Opportunities forms for unpaid carers

Unpaid carer 1	
Age	
Under 18	
18-24	
25-34	
35-44	
45-54	
55-64	
65-74	
75-84	
85-89	
90+	
Not known	
Rather not say	
Ethnic Group	
White British	
White Irish	
White Polish	
White Italian	
Any other White	
Bangladeshi	
Indian	
Pakistani	
Any other Asian	
African	
Caribbean	
Any other Black	
White and Asian	
White and Black African	
White and Black Caribbean	
Any other Mixed	
Chinese	
Traveller/Gypsy	
Other (please state)	
Not known	
Rather not say	
Do you have a disability?	
Yes	
No	

Unpaid carer 2	
Age	
Under 18	
18-24	
25-34	
35-44	
45-54	
55-64	
65-74	
75-84	
85-89	
90+	
Not known	
Rather not say	
Ethnic Group	
White British	
White Irish	
White Polish	
White Italian	
Any other White	
Bangladeshi	
Indian	
Pakistani	
Any other Asian	
African	
Caribbean	
Any other Black	
White and Asian	
White and Black African	
White and Black Caribbean	
Any other Mixed	
Chinese	
Traveller/Gypsy	
Other (please state)	
Not known	
Rather not say	
Do you have a disability?	
Yes	
No	



Unpaid carer 1

Gender	
Male	
Female	
Transgender	
Not known	
Rather not say	

Sexual orientation	
Heterosexual	
Gay Man	
Lesbian/Gay Woman	
Bisexual	
Not Known	
Rather Not Say	

Religion / belief	
Christian	
Jewish	
Hindu	
Muslim	
Buddhist	
Sikh	
Other (please state):	
No religion or belief	
Not known	
Rather not say	

Resident of	
Dacorum	
Hertsmere	
St Albans	
Three Rivers	
Watford	
Welwyn Hatfield	
Other (please state)	

Unpaid carer 2

Gender	
Male	
Female	
Transgender	
Not known	
Rather not say	

Sexual orientation	
Heterosexual	
Gay Man	
Lesbian/Gay Woman	
Bisexual	
Not Known	
Rather Not Say	

Religion / belief	
Christian	
Jewish	
Hindu	
Muslim	
Buddhist	
Sikh	
Other (please state):	
No religion or belief	
Not known	
Rather not say	

Resident of	
Dacorum	
Hertsmere	
St Albans	
Three Rivers	
Watford	
Welwyn Hatfield	
Other (please state)	



About other professionals in your life

Do you have a current social worker?

YES NO

If yes, what is their name?

.....

Which team are they from?

- Adult Learning Disability Team Transition Team
 Mental Health Team Sensory Services
 Older People's Team

Do you have a current community nurse or probation officer?

YES NO

If yes, please give their name and contact details:

.....

Do you attend any other services or clubs?

YES NO

If yes, which one(s)?

.....

Do you have a voluntary job or paid employment?

YES NO

If yes, where?

.....



About your health

Do you have epilepsy?

- YES NO

If yes, how often do you have a seizure?

What type of seizures do you have?

Do you get a warning?

Do you have an epilepsy protocol?

- YES NO

If yes, you must attach a copy

Do you have any of the following?

- Asthma Diabetes Mental Illness

If you have a mental illness, what is your diagnosis?

.....

How does this affect your life? (tell us about any phobias, anxieties, eating disorders or behaviours that we need to be aware of)

.....

.....

.....

Do you have any allergies?

- YES NO

If yes, what are you allergic to?

.....



Do you have any special dietary requirements?

YES NO

If yes, what are they? Is this medical, cultural or choice? Please explain

.....
.....

Do you need any help with feeding?

YES NO

(Please note that we are unable to help with feeding, except to remind people to eat and drink)

If yes, please explain

.....

Do you have any other medical conditions that we should be aware of?

YES NO

If yes, what are they?

.....

Do you have any sight, hearing or mobility problems?

YES NO

If yes, what are they?

.....

.....

Do you have any incontinence problems?

YES NO

If yes, please explain

.....

(Please note that we are unable to help with incontinence problems, other than to remind people to use the toilet)



About your medication

(Please note that we are unable to administer medication at ROAR activities)

Please list all regular medication that you take, and explain what they are for:

(Continue on separate sheet if necessary)

I take this medication:	I take this for:

Is there anything else we need to know about your health?

YES NO

If yes, please explain

.....

.....

.....

Do you consume alcohol?

YES NO

(Please note that ROAR members are all adults and therefore responsible for their own alcohol consumption)



About your behaviour

Every new member is risk assessed, so we need to know what the risks are. Please be honest when answering these questions, if you have challenging behaviour it doesn't mean that you cannot join ROAR.

Do you show any aggression or challenging behaviour (this includes abusive language and sexual behaviours)?

- YES NO

If yes, please explain

.....

Are you likely to wander off, hide or leave without telling anyone?

- YES NO

If yes, please explain

.....

Are you likely to be over friendly, tactile or flirty with other people, including strangers?

- YES NO

If yes, please explain

.....

Are you aware of and do you respect other people's boundaries and personal space?

- YES NO

Have you ever posed a risk to others due to your behaviour?

- YES NO

If yes, to whom? Please explain

.....



About your Independence

Are you an independent traveller during the day?

- YES NO

Are you an independent traveller during the evening?

- YES NO

If you were at a ROAR activity and wished to leave early, are you safe to do so?

- YES NO

(Please note that transport between your home and the activity is the responsibility of your carer.)

Are you fully aware of road safety and able to cross roads on your own?

- YES NO

Are you aware of the value of money and able to use money without assistance?

- YES NO

Do you have any speech difficulties?

- YES NO

If yes, please explain

.....

Do you use any other forms of communication? Eg. Makaton, symbols, speech box

- YES NO

If yes, please explain, if you use Makaton what are your key signs?

.....

.....

.....



Your background

If you are under 30, please let us know which schools and colleges you attended

.....

If you have recently moved from another area, please let us know where you have moved from (include the date of your move)

.....

Use this space to tell us about anything else you feel we should know about you, you could include such things as cultural or religious information; the best way to handle you if you become unhappy; any involvement with the police or anything else that is relevant to your application.

.....

Thank you for letting us know all about you, if we are unclear about anything we will contact you.



Equal Opportunities Monitoring (about you)

This information is used for statistical purposes and not to identify specific individuals.

Gender	
Male	
Female	
Transgender	
Not known	
Rather not say	

Ethnic Group	
White British	
White Irish	
White Polish	
White Italian	
Any other White	
Bangladeshi	
Indian	
Pakistani	
Any other Asian	
African	
Caribbean	
Any other Black	
White and Asian	
White and Black African	
White and Black Caribbean	
Any other Mixed	
Chinese	
Traveller/Gypsy	
Other (please state)	
Not known	
Rather not say	

Age	
Under 18	
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Not known	
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Sexual orientation	
Heterosexual	
Gay Man	
Lesbian/Gay Woman	
Bisexual	
Not Known	
Rather Not Say	

Religion / Belief	
Christian	
Jewish	
Hindu	
Muslim	
Buddhist	
Sikh	
Other (please state):	
No religion or belief	
Not known	
Rather not say	

Employment status	
Paid employment	
Voluntary employment	
Student	
Retired	
Unemployed	

If you are unemployed are you	
Seeking work	
Not seeking work	

Where do you live?	
In my own home/with partner	
With family	
In supported housing	
In residential care	
other	



Declaration

You must read and sign this section to complete your application.

I accept responsibility that I have provided to Dacorum Mencap information that is correct and to the best of my knowledge. I understand that any changes of information should be given to Dacorum Mencap in writing and it is my responsibility to do so.

I give consent for Dacorum Mencap to request and receive information about me from people mentioned in this form as well as the following people who know me:
 Day service, Activity group, School, College, Charity or other organisation;
 Social Worker; Community Nurse; Doctor;
 Probation Officer; Support Worker; Employer.

Name

Signed

Date

If the person applying is unable to sign this form (or lacks capacity to give consent), please sign your consent for them:

Name

Signed

Relationship to applicant

Date

Name of person who completed the form

.....
 If anyone else was present when the form was completed, please also add their names

.....

If you have any questions, please call us 01442 247675

**Please return this form to:
 Dacorum Mencap, 48 High Street, Hemel Hempstead, HP1 3AF.**

If you post it you will need a stamp for a large letter, or we will not receive it.



ROAR Rules for Members and Volunteers

To be a member of the ROAR scheme you must agree to and sign these rules. If you break any rules then you may be asked to leave the ROAR scheme and your membership will be cancelled.

- ☺ No bullying or picking on or pestering anyone
- ☺ No back stabbing, talking about people behind their backs or making fun of anyone.
- ☺ Don't do anything on purpose to upset someone else.
- ☺ No nasty swearing at anyone or swearing of any kind to be horrible.
- ☺ Respect other people's property, be considerate of other people and their needs, help them if they need it and/or ask for it.
 - Look after your own property, coats, bags, etc
 - Clear up your own rubbish.
- ☺ Don't take things that aren't yours, or feel pressurised to lend money or buy something for someone else.
 - Don't give someone your phone number if you don't want to.
- ☺ Don't lose your temper with anyone, stay calm and talk about it.
 - If you are upset, annoyed or have a problem speak to a volunteer.
 - Don't panic if someone has a fit or is ill, stay calm and get a Volunteer to help.
 - Remember that volunteers are there for everyone and not just for you.
 - Don't be upset if someone that you want to see doesn't turn up for an activity.
- ☺ Don't drink too much alcohol or eat too much food and make yourself ill.
- ☺ Don't wander off, always let a volunteer know where you are going.
- ☺ Make sure that you book and pay for your activities following the booking procedure.
 - If you are booked and can't come, you must let us know. The earlier you let us know the better as you may receive a credit note.
 - Arrive on time for your activities and outings.
 - Make sure that you bring enough money with you to pay for anything else that you might like, eg food and drinks if not included in the cost.
 - Only use the ROAR mobile number in emergencies eg to say that you can't come or you are running late.
 - Let ROAR know if your telephone number changes.
- ☺ Don't spread rumours about other people.
- ☺ Do not steal from other members, volunteers or staff.



☺ Do not use inappropriate behaviour with other ROAR members staff or volunteers. Treat everyone with respect.

☺ If you are asked not to do something by a volunteer or staff member then make sure that you listen to what they are asking.

As all of these rules are for your safety and enjoyment with the ROAR scheme, we need you to sign this statement to show that you understand these rules and that you will stick to them when you are with ROAR. Keep one copy of these rules for you and please send the other copy back to the ROAR coordinator.

If any rules are broken by you, then your membership to ROAR will be reviewed and there may be a reason that you won't be able to come anymore. We also reserve the right not to disclose the reason for expulsion in some circumstances.

Name :

I understand the ROAR rules and will make sure that I follow them when I am on activities and outings with the ROAR scheme.

Signed:

Date:

If you are unable to sign this for yourself then please ask someone to sign it for you.

Signed by:

Name:

Relation to ROAR member:

Date:



To become a member of ROAR you must also be a member of Dacorum Mencap. Membership to Dacorum Mencap requires a £7 annual membership fee. Please complete the form below and send in with you payment and application to ROAR. You application cannot be processed without this payment.

**Dacorum Mencap Local Society
(Charity Number 212549)
Membership Application and Renewal Form**

ANNUAL SUBSCRIPTION FOR DACORUM MENCAP

Membership to Dacorum Mencap is just £7 per year (April to April) for a family living at the same address. For this you get a say in how Dacorum Mencap is run, regular newsletters and information about what is happening locally.

Please send the completed form and your payment to:

**Treasurer, Dacorum Mencap Society, 48 High Street, Hemel Hempstead,
Herts. HP1 3AF.
Or send in with your ROAR activity booking form
Cheques payable to “Dacorum Mencap”**

Name/s (please list family)

.....

.....

Address:

.....

.....

.....

Post Code Tel No.....

Clearly write your email address so we can send you our newsletter

.....

DATA PROTECTION ACT

All Information held on our computer is protected under the Data Protection Act.

GIFT AID

If you are a tax payer please complete the Gift Aid Declaration overleaf. Gift Aid is very important to us as it allows us to claim 25p of tax on every £1 you give us and does not cost you anything. (People in receipt of ESA, JSA, INCAPACITY or INCOME SUPPORT are not tax payers)



Gift Aid declaration

Only to be completed by British Tax Payers

Name of charity **DACORUM MENCAP (Charity Number 212549)**

Please treat all gifts of money that I have made in the past 6 years and all future gifts of money that I make from the date of this declaration as Gift Aid donations.

You must pay an amount of Income Tax and/or Capital Gains Tax for each tax year (6 April one year to 5 April the next) that is at least equal to the amount of tax that the charity or Community Amateur Sports Club will reclaim on your gifts for that tax year. I understand that other taxes such as VAT and Council Tax do not qualify.

Your details

Title Initial(s) Surname

Home Address

.....

Postcode Date

Signature

Please notify us if you:

1. Want to cancel this declaration.
2. Change your name or home address.
3. No longer pay sufficient tax on your income and/or capital gains.

What we can claim:

- We can reclaim 28p of tax on every £1 you gave up to 5 April 2008.
- We can reclaim 25p of tax on every £1 you give on or after 6 April 2008.
- The Government will pay us an additional 3p on every £1 you give between 6 April 2008 and 5 April 2011. This transitional relief for us does not affect your personal tax position.

If you pay income tax at the higher rate, you must include all your Gift Aid donations on your Self Assessment tax return if you want to receive the additional tax relief due to you.

Thank you very much for taking the time to complete this declaration



ROAR Rules for Members and Volunteers

This copy to be retained by new member

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- ☺ Don't do anything on purpose to upset someone else.
- ☺ No nasty swearing at anyone or swearing of any kind to be horrible.
- ☺ Respect other people's property, be considerate of other people and their needs, help them if they need it and/or ask for it.
 - Look after your own property, coats, bags, etc
 - Clear up your own rubbish.
- ☺ Don't take things that aren't yours, or feel pressurised to lend money or buy something for someone else.
 - Don't give someone your phone number if you don't want to.
- ☺ Don't lose your temper with anyone, stay calm and talk about it.
 - If you are upset, annoyed or have a problem speak to a volunteer.
 - Don't panic if someone has a fit or is ill, stay calm and get a Volunteer to help.
 - Remember that volunteers are there for everyone and not just for you.
 - Don't be upset if someone that you want to see doesn't turn up for an activity.
- ☺ Don't drink too much alcohol or eat too much food and make yourself ill.
- ☺ Don't wander off, always let a volunteer know where you are going.
- ☺ Make sure that you book and pay for your activities following the booking procedure.
 - If you are booked and can't come, you must let us know. The earlier you let us know the better as you may receive a credit note.
 - Arrive on time for your activities and outings.
 - Make sure that you bring enough money with you to pay for anything else that you might like, eg food and drinks if not included in the cost.
 - Only use the ROAR mobile number in emergencies eg to say that you can't come or you are running late.
 - Let ROAR know if your telephone number changes.



- ☺ Don't spread rumours about other people.
- ☺ Do not steal from other members, volunteers or staff.
- ☺ Do not use inappropriate behaviour with other ROAR members staff or volunteers. Treat everyone with respect.
- ☺ If you are asked not to do something by a volunteer or staff member then make sure that you listen to what they are asking.

As all of these rules are for your safety and enjoyment with the ROAR scheme, we need you to sign this statement to show that you understand these rules and that you will stick to them when you are with ROAR. Keep one copy of these rules.

If any rules are broken by you, then your membership to ROAR will be reviewed and there may be a reason that you won't be able to come anymore. We also reserve the right not to disclose the reason for expulsion in some circumstances.

Name :

I understand the ROAR rules and will make sure that I follow them when I am on activities and outings with the ROAR scheme.

Signed:

Date:

If you are unable to sign this for yourself then please ask someone to sign it for you.

Signed by:

Name:

Relation to ROAR member:

Date: