

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 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:

Phone Number Landline:

Mobile Phone Number:

Name:

Phone Number:

Mobile Phone Number:

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 which can be found at the end of this form (This is for statistical 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:

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

.....

About your medication

(Please note that we are unable to administer medication at 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 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 our schemes.

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 an 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

.....
.....



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:

Date:

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.

Please now complete the Equal Opportunities Form and the Application Form to become a member of Dacorum Mencap.

Equal Opportunities Monitoring about your Unpaid Carers

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

UNPAID CARER 1

Gender	Please tick	Ethnic Group	Please tick
Male		White British	
Female		White Irish	
Transgender		White Polish	
Not Known		Any other White	
Rather not say		Bangladeshi	
		Indian	
Age		Pakistani	
Under 18		Any other Asian	
18-24		African	
25-34		Caribbean	
35-44		Any other Black	
45-54		White and Asian	
55-64		White and Black African	
65-74		White and Black Caribbean	
75-84		Any other mixed	
85-89		Chinese	
90+		Traveller/Gypsy	
Not Known		Other please state	
Rather Not Say			
		Not Known	
Sexual Orientation		Rather Not Say	
Heterosexual			
Gay Man		Religion / Belief	
Lesbian/Gay Women		Christian	
Bisexual		Jewish	
Not Known		Hindu	
Rather Not Say		Muslim	
		Buddhist	
Do you have a disability?		Sikh	
Yes		Other (please state)	
No			
		No Religion	
Resident of		Not Known	
Dacorum		Rather Not Say	
Hertsmere			
St Albans			
Three Rivers			
Watford			
Welwyn Hatfield			
Other (please state)			

Equal Opportunities Monitoring about your Unpaid Carers

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

UNPAID CARER 2

Gender	Please tick	Ethnic Group	Please tick
Male		White British	
Female		White Irish	
Transgender		White Polish	
Not Known		Any other White	
Rather not say		Bangladeshi	
		Indian	
Age		Pakistani	
Under 18		Any other Asian	
18-24		African	
25-34		Caribbean	
35-44		Any other Black	
45-54		White and Asian	
55-64		White and Black African	
65-74		White and Black Caribbean	
75-84		Any other mixed	
85-89		Chinese	
90+		Traveller/Gypsy	
Not Known		Other please state	
Rather Not Say			
		Not Known	
Sexual Orientation		Rather Not Say	
Heterosexual			
Gay Man		Religion / Belief	
Lesbian/Gay Women		Christian	
Bisexual		Jewish	
Not Known		Hindu	
Rather Not Say		Muslim	
		Buddhist	
Do you have a disability?		Sikh	
Yes		Other (please state)	
No			
		No Religion	
Resident of		Not Known	
Dacorum		Rather Not Say	
Hertsmere			
St Albans			
Three Rivers			
Watford			
Welwyn Hatfield			
Other (please state)			



To become a member of the schemes you must also be a member of Dacorum Mencap. Membership to Dacorum Mencap requires a £10 annual membership fee. Please complete the form below and send in with your payment and application form. 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 £10 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:

Dacorum Mencap, 48 High Street, Hemel Hempstead, Herts. HP1 3AF.
Cheques payable to “Dacorum Mencap”

Name/s (please list family)
.....
.....

Address:
.....
.....
.....

Post Code Tel No.....

Clearly write your email address please
.....

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