


APPLICATION FOR MEMBERSHIP

Your details will be held confidentially by Winchester Go LD.

Personal Details:

Address: 	
Home phone number:	
Mobile phone number:	
Email address:	
Age:	
Date of birth:	

Permission to hold Information and share information

We might like to share your information with Adult Services, the Community LD Health Team and other organisations.

- To help us with your membership application and ensure we meet your needs
- To help you get the best care and tell you about other services that might help
- To tell other services about you and the support you need

We would like to have your permission to speak to these people on a need to know basis.

We have strict rules about how your information will be kept safe and used. Please ask if us you want to know more.

I give my permission to share information on a need to know basis

Signature of member:

Signature of parent/support worker:
(if I need help with this form)

Date:



Contact Details:

Emergency contact Name:

Relationship to you:

Tel no:

Email:

Parents - would you like to receive our newsletter and details of Fundraising events?

Who supports you at home?

Support Provider

Tel No:

Email:

Key Worker's Name:


Tel No:

Email:

<p>Social Worker's name:</p> <p>Tel no: Email:</p>	
<p>If you are at college or school or have just left</p> <p>Teacher's name:</p> <p>Tel no: Email:</p>	
<p>LD Health Team</p> <p>Name of Nurse:</p> <p>Tel no: Email:</p>	
<p>Mental Health Team</p> <p>Care Co-ordinator's name:</p> <p>Tel no: Email:</p>	
<p>Other important contacts</p> <p>Name:</p> <p>Tel no: Email:</p>	

Medical Details:

Winchester Go LD asks to know your medical details so that they can keep you safe. These details will be kept confidentially.

 Name of GP surgery: Tel No:	
Have you received a diagnosis as having a Learning Disability? What is it? Please give details	
Please list the medication and when you take it. <i>Please note Winchester Go LD staff cannot help you take your medication</i>	
Do you have any allergies? If yes <i>please give details:</i>	
Do you have any medical conditions that we need to know about? <i>Please list:</i>	
Do you have any special needs we should know about for our risk assessments?	
Do you have a condition which can be made worse by particular activities?	



<p>WHAT THINGS I LIKE</p>	
<p>WHAT THINGS I DO NOT LIKE</p>	
<p>If I am angry I may say or do this</p>	
<p>Please tell us how we can support you with this</p>	
<p>Is there anything important we may need to know when working with you? For example do you need us to use Makaton?</p>	
<p>Do you have a criminal record?</p>	<p>Yes No</p>






My Week

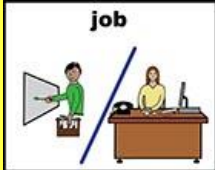
Please tell us here what you do each day. For example work, college, Boaz, support, shopping, Art Talk, Blue Apple, dance, swimming, football, cricket, lunch clubs etc.

	Morning	Lunchtime	Afternoon	Evening
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

What are your hobbies and interests?	
Is there anything you would like to try?	
Do you need support with you to access activities?	YES / NO

How do you travel to activities?

	Taxi	Bus + Support	Bus – No Support	Car	Walk
Please Tick					
Day Time					
Evening					

	
Do you have a job?	YES NO
If yes, is this paid work or voluntary?	
Where do you work?	
Would you like us to help you look for work?	

Person Centred Planning (PCP)

Have you had a person centred plan?	
If yes in what year?	
Would you like to talk to us about a Person Centred Plan?	

Agreement



I consent for Winchester Go LD to hold information about me. I understand that this information will be kept safely and I can ask to see this information at any time. Agreed by: (name) Signature:	
Signature of parent/support worker: (if I need help with this form)	
Date:	