

Membership Application Form



Please fill in all the sections where appropriate and sign and date the application

PARTICIPANT DETAILS	
Name	
D.O.B	
Address	
Tel No (1)	
Tel No (2)	
Emergency Contact Details	Name: _____ Tel No: _____
Email Address	

Please Note: Our Volunteers do not provide personal care or administer any medication to Super Friends Members. If this is required, Members will need to be accompanied to all activities by their own 1:1 support.

SUPPORT NEEDS (Please provide all relevant information)
Will you attend with a carer or support worker?
Please detail any behavioural issues or challenging behaviour. Attach a risk assessment if necessary
Please give details of any specific health needs you think we should be aware of. Use a separate sheet if necessary



COMMUNICATION

Please provide details of your communication skills, if relevant. Include signing, non-verbal communication and any speech difficulties

TRAVEL

Please provide details of travel arrangements to and from the sessions (if relevant)

Taxi company and telephone number (if relevant)

Completed by.....Date.....

I confirm that I have supplied all the relevant information needed to support the members health and safety needs whilst attending a Super Friends Activity

Signed.....

Superfriends Membership costs £10 per Year, renewed every April, payable by cash or cheque made out to 'Superstar Arts'

Please send completed application forms to:

Superfriends

C/O Superstar Arts

61 Kingsland Road

Worthing

West Sussex

BN14 9ED

Email: superfriendsworthing@gmail.com

Telephone-07982432833

Office Use

Date Joined:

Date Fee Paid: