

Membership Form

Superstar Friends



Participant Details	
Name	
D.O.B	
Address	
Telephone (1)	
Telephone (2)	
Email Address	
Emergency Contact Details	Name: Telephone Number:

Please Note: Our Volunteers do not provide personal care or administer any medication to Superstar 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 form 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.

Taxi Company and Telephone Number (if applicable)

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 Superstar Friends activity.

Signed Name.....

Please send completed application forms to:

Superstar Friends
c/o Superstar Arts
61 Kingsland Road
Worthing
West Sussex
BN14 9ED

Email info@superstartarts.com

Telephone 07741 483325

Office Use: Date Joined

