

Private and Confidential










Date Received:

Our Way Self Advocacy Membership Form



 01562 820262

E-mail office@ourway.org.uk
Youth House, Bromsgrove St.,
Kidderminster DY10 1PF

<p>Name</p> 	<p><input checked="" type="checkbox"/> Male  <input type="checkbox"/> Female </p>
<p>Telephone No.</p> 	
<p>Mobile Phone No.</p> 	
<p>Address</p> 	
<p>Are you on Facebook?</p> 	
<p>E-mail Address</p> 	
<p>Date of Birth</p> 	
<p>Names & Tel. Nos. of 2 people we can contact in an emergency</p> <p>999</p>	

What is your disability?



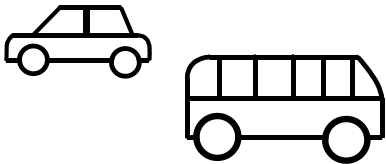
What support do you need?



What are your hobbies and interests?



How will you travel to Our Way activities?



Do you have a criminal record?

If so what?



How did you hear about Our Way?



Are you looking for:

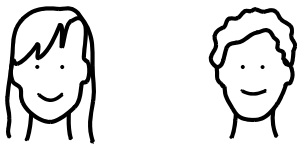
friendship

a relationship

things to do

Please tick

If you are looking for a relationship what type of person would you like to meet?



Please tell us about yourself?



What is your sexual preference?



Straight

Gay

Lesbian

Bi sexual

Don't know

Who helped you fill in this form?

Name:

Contact No:

Please tell us 2 people who know you well and who we can contact about this form.

Name.....
Address.....
.....
.....
Telephone No.
E-mail

Name.....
Address.....
.....
.....
Telephone No.
E-mail

Privacy Notice (how we will use your information):

We will use your contact information to tell you about the activities we have arranged.

With your agreement, we may share information about you with other professionals. This may be because we are helping you with a problem they can assist with. If we think you are at risk or in danger we may share your information with relevant agencies with or without your permission. We will keep your information for as long as you are involved with Our Way and for a period of 5 years afterwards.

If you are under 18 we will need consent* from you parent or guardian.

Signed Dated

Signed (parent or guardian)* Dated

Return this form with your cheque to the office address:

**Our Way Self Advocacy, Youth House, Bromsgrove St., Kidderminster,
Worcestershire DY10 1PF**

Please make cheques payable to Our Way Self Advocacy

Joining Fee £12.



Our Way Self Advocacy Code of Conduct

At Our Way Self Advocacy it is really important to us that all our members have fun, feel safe and enjoy all our activities and events. So, to help make this happen, we have written up a Code of Conduct and we ask all members to sign up to it.

- 1. Respect each other. This means accepting that other people may have different opinions to you. Be polite to them at all times.**
- 2. Don't call other people names.**
- 3. Don't shout at other members.**
- 4. Don't hit other members.**
- 5. Don't turn up to events drunk. If you do you will be turned away. Also do not bring any alcohol with you.**

If someone breaks these rules we will ask that person not to come to Our Way events for at least one month.

I (name) agree to the above Code of Conduct.

Signed

Please return to the office.



Our Way Self Advocacy Consent Form

We take photographs of members at events and these photographs sometimes appear on flyers, in our newsletters and on our website.

Please let us know if you consent to your photograph appearing on flyers, in our newsletters and on our website by ticking one of the boxes below.

Consent means telling someone you wish to do something - you give your permission.

Please complete the slip below and return it to us.

Name:

Please put a tick in one of the boxes below.

I am happy for my photograph to be included in Our Way newsletters on flyers and on the website.



I do not want my photograph to appear in Our Way newsletters, on flyers and on the website.



Signed.....

Date.....