



Membership Form

Personal Information			
Name:		Known as:	
Address:			
Postcode:		D.O.B:	
Email:			
Tel no:		Mobile:	
I want to be considered for a role in the Shed's Development Group: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Do you have any of the following skills? Woodworking <input type="checkbox"/> Crafting <input type="checkbox"/> Electronics <input type="checkbox"/> Furniture Restoration <input type="checkbox"/>			
Other:			
What activities are you interested in Woodworking <input type="checkbox"/> Crafting <input type="checkbox"/> doing in the Shed? Electronics <input type="checkbox"/> Furniture Restoration <input type="checkbox"/>			
Other:			
Emergency Contacts			
Contact name:		Relationship:	
Contact no:			
Doctor's name:		Doctor's no:	
Please state any medical details which we should be aware of the case of emergency (e.g. diabetes, epilepsy, medication). This may not exclude you but may need further discussion or additional arrangements made to ensure yours and others safety. ALL medical information will be treated as confidential and held securely.			

Terms: In order to be accepted as a member of the Forest Community Shed you need to complete the Applicant information in full, acknowledge the Disclaimer and Privacy Statement, agree to comply with the Aims, Code of Conduct and the Health & Safety Policy. You will also need to have paid the Annual Membership fee.



Declarations and Disclaimers

You must read in full and confirm your acceptance and agreement to each of the following statements by ticking the box and signing below.

Disclaimer

I confirm that I fully understand and accept the risks associated with participating in the Community Shed, including the risk of personal injury or death. I agree to wear any safety equipment necessary, to comply with any safety instructions provided to me, and to take all other steps reasonably necessary to ensure my safety and the safety of others at all times. I agree to ensure my full understanding of the instructions for use and safety on every piece of equipment I use and I will act responsibly to ensure my own safety and that of others.

I further acknowledge and accept that (to the fullest extent permitted by law) neither the FoD & WV Men's Shed nor any of its directors, members or affiliates shall be liable for any direct or indirect loss, damage of injury (except in instances of death or personal injury caused by the negligence of such persons) arising from or in connection with my participation in the Shed and I waive all and any claims in this respect.

I accept that I will be responsible for any injury I cause to others, and I undertake to comply fully with any instruction I may have received with regard to the use of the facilities and equipment provided.

I confirm that, to the best of my knowledge (having made all reasonable checks and enquiries), I do not suffer from any medical or other condition, not already disclosed which might increase the likelihood of my involvement in an incident which could result in injury to myself or others.

I understand that the Community Shed is not responsible for giving medical assistance or organising carers or medical support beyond seeking help in an emergency or referring me to professional services if they deem me to be at risk.

I hereby consent that I have read, understood and agree to the above statement and have read the Health & Safety Policy ☐ (tick)

Privacy statement

I consent to the collection and use of my personal information for the purposes of my membership of The Community Shed and in communicating information to me.

I understand that from time to time photographs may be taken within the Shed. I consent to their use by The Community Shed in promotional material and in the media to highlight the good work of Men's Sheds. I understand that this consent can be withdrawn at any time in writing.

ALL medical information will be treated as confidential and held securely. Your personal information will never be distributed, sold or shared with third parties not stated above, except if required by law.

I hereby consent that I have read, understood and agree to the above statement. ☐ (tick)

Declaration

The details provided by me are correct and I have read and understand the above statements.

Signature

Date

How did you hear about us?

Membership Fee

A suggested annual donation of £20 or more is encouraged on joining and each year thereafter to help with the upkeep of the Shed. The fee can be waived in some cases; please speak to a board member. In addition, each session you attend has a fee of £3.

Date paid	£	Cash <input type="checkbox"/> Cheque <input type="checkbox"/>	Membership number:
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