

True Access - Membership Form

To become a member of True Access you will need to complete this membership form. Once your application has been processed, we will require an annual fee of £10.

Membership is open to adults aged (18-40) with mild to moderate learning disabilities, physical disabilities or other health conditions and you are welcome to join at any time.

As a True Access member, you will be invited to all of our events, holidays, and excursions and will be kept updated about what True Access has been and will be up to through our regular newsletters.

PLEASE COMPLETE THE FORM IN BLOCK CAPITALS USING BLUE/ BLACK INK ONLY.

| Name: | |
|----------------------------|------------------|
| Email: | |
| Date of birth: | |
| Age: | |
| Address: | |
| Postcode: | |
| Please confirm your reside | ence (Tick): |
| Family | Supported living |
| Residential | Independent |

What are your hobbies and interests?



Do you have a social worker?

Yes No

If YES what is their name and telephone number?

| Do you have any allergies? |
|---|
| If yes, please describe |
| Are you taking any medications for the above allergies? |
| If yes, please provide names of medication and dosage |
| Who to contact in case of an emergency this may also be your next of kin? Full name |
| Number Address |
| Relationship with member |
| Do you consider yourself to be disabled? Yes/ No |
| If you have a diagnosis or heath condition please tell us about it |
| |
| Are you in Education or training? Yes/ No |
| If yes, please provide details |
| What method of contact do you preferred (Post /Mobile/Text/e-mail) |



Consent for photography

| I agree that True Access | s can take pho | otos and | videos o | f me to | be used | sol | ely f | or |
|--------------------------|----------------|------------|-----------|-----------|----------|------|-------|-----|
| the use of True Access' | s promotion | nal use su | ıch as we | bsite fly | ers leaf | lets | etc | ••• |

| Full Name |
|--|
| Signature |
| Date |
| Data Protection |
| |
| l agree that True Access can hold the information gathered on a computer database. |
| |
| Full name |
| Cianatura |
| Signature |
| Date |
| |
| Please return your completed form to our postal address (please note this is our mailing address only) |
| True Access |
| 3 Bruckner Street |
| London |
| W10 4EW |
| VV IO TEVV |