



Application Form

*Please use **BLOCK CAPITALS***

PERSONAL DETAILS

Preferred/Given Name Family Name

Address

.....Post Code

Landline Tel. No. Mobile

Email

Year and Month of Birth (optional)

In CASE of EMERGENCY (ICE) contact is:

Name Relationship Phone No.

MEDICAL CONDITIONS

Do you have any medical conditions that might cause fainting or collapse or cause any danger in using machinery, or that we need to know about for any other reason? Yes/No

If yes, please explain.

Your name badge will include details of your ICE contact, do you wish to append brief details of relevant conditions? Yes/No

CONCESSIONS

Concessions are available for people receiving means-tested state benefits and other people in need.

To claim, tick here and a member of the committee will arrange to meet with you to discuss it.

BASIC RULES

- No illegal drugs and no alcoholic beverages are allowed on WMS premises or allowed to be consumed during a workshop session.
- Smoking is not allowed on any part of the premises.
- Appropriate safety equipment must always be used, and never disabled.
- All members have a duty to look out for all other members and must behave at all times in such a manner so as to promote their safety.
- Before any members uses tools or machines they must first undergo an assessment and be signed off as competent use them.
- The work area and the kitchen must be left in a clean state and above all SAFE for other members.

COMMUNICATIONS

Which of the following are you happy to use to communicate with fellow members? Please tick all the ones you are happy to use: telephone text email

DISCLAIMER

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

SHARING OF PHONE AND EMAIL DETAILS

I agree to my phone numbers and email address being made available to members. Yes/No

PRIVACY STATEMENT

Wokingham Men's Shed will only use your personal information for the purpose of the normal running of the organisation. We will not intentionally sell, share, or distribute your personal information to third parties, except as required by law.

DECLARATION

I apply to join Wokingham Men's Shed.

The details provided by me are correct.

I have read, understood and agreed the above Privacy Statement, and I undertake to comply with the Basic Rules above.

I enclose a standing order mandate (much preferred) or cheque. (*Please delete whichever does not apply.*)

Signature

Date

Please give this form, together with a completed standing order mandate and/or cheque, to the Duty Manager if you visit the Workshop or any of the Management Team.