

Membership Application Form

By being a member of Enable Jersey you may stand for and elect the committee and it's officers. Please contact us for a copy of our constitution and rules.

Please let us know if you require this form in an alternative format.

1. Applicant Contact Details

Full Name:

Title:

Full Home Address:

Telephone Number:

Email Address:

Date of Birth:

2. Reasons for Becoming a Member

(select all that apply)

| | | | |
|-----------------------------|--------------------------|--|--------------------------|
| Advice and Guidance Service | <input type="checkbox"/> | 'Life Without Limits' Funding | <input type="checkbox"/> |
| Member Social Events | <input type="checkbox"/> | Volunteering | <input type="checkbox"/> |
| Community Car Service | <input type="checkbox"/> | General interest in Disability Matters | <input type="checkbox"/> |
| Adventure Holidays | <input type="checkbox"/> | Other | <input type="checkbox"/> |

**LIFE
WITHOUT
LIMITS**

3. About your Disability

| | | |
|--|--------------------------|--------------------------|
| | Y | N |
| Are you a wheelchair user? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you use any mobility aids, walking frame/stick? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have any communication needs? | <input type="checkbox"/> | <input type="checkbox"/> |

Use the space below to tell us anything else that you'd like to share about your disability and mobility needs?

4. Attending our Member Social Events

Many of our members get together for food, games, exercise and entertainment at St. Clement's Parish Hall between 3:00pm and 4:30pm most Wednesday afternoons and each Thursday at St. Martin's Methodist Church between 10:00am and 3:00pm.

| | | | |
|---|-------------------------------|--------------------------------|-------------------------------|
| | Y | N | |
| Would you like to attend our regular Member Social Events (If no, please move to section 5.) | <input type="checkbox"/> | <input type="checkbox"/> | |
| If yes, when would you like to attend? | Weds <input type="checkbox"/> | Thurs <input type="checkbox"/> | Both <input type="checkbox"/> |

| | | |
|---|--------------------------|--------------------------|
| | Y | N |
| Do you require transport to and from our Member Social Events? (Our transport spaces are limited. We want to make sure that we provide them to those who need our help the most. If you are able to make your own way to our Member Social Events, please do so. We operate a waiting list when spaces are all allocated.) | <input type="checkbox"/> | <input type="checkbox"/> |

Do you live: Alone With Family At a Nursing Home

**LIFE
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Please provide any instructions for accessing your property, assistance required in boarding our minibus or anything you feel our volunteer drivers should be aware of:

Y N

Do you require assistance with personal care?

We are not able to provide supervision, support, assistance with medication, eating, drinking or using the bathroom at our Member Social Events. If you need support in this area, you are welcome to bring your carer.

Y N

Do you agree to us using photos of you on social media, our website and/or in the local press?

PLEASE NOTE: Our Member Social Events are organised with the help of volunteers. To make sure you are provided with the best experience when attending our events, we may need to share information collected in this Membership Application Form with members of our volunteer team.

5. Alternative/Emergency Contact Details

Please provide us with the details of someone we can contact on your behalf or in the case of an emergency.

Full Name:

Relationship to you:

Full Home Address:

Telephone Number:

Email Address:

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Your signature:

Date:

Data Protection Statement: All information that is collected and held by Enable Jersey is done in accordance with current data protection legislation. The information you provide on this form is confidential and will be used to help us ensure we understand how we can best give you access to our services and information.

Please contact us if you would like to see a copy of our Privacy Policy.

**Please Return
Your Completed
Form To:**

Enable Jersey
Office 102, Regus Building
Liberation Station
St. Helier
JE2 3AS

01534 485740
info@enablejersey.org
www.enablejersey.org

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