Meet Me at the Albany - Membership form

 

**Meet Me at the Albany** is an artist-led club for people over the age of 60, offering weekly groups running on the telephone and out of The Albany in Deptford.

We welcome people who are living with long-term health conditions or dementia. Please let us know if you have any **access requirements** or there is anything we can do to help you take part.

Applicant details

|  |  |
| --- | --- |
| First name:  | Last name: |
| What do you like to be called:  | Date of Birth: |
| Preferred Pronouns (please circle)  | He/HimShe/HerThey/Them |
| Address:  | Home phone number: |
| Mobile phone number:  |
| Email address: |
| How can we contact you?(please circle all that apply)  | Phone call Text message WhatsApp Email |
| How did you hear about us? |  |

Interests

Please circle/highlight all that you are interested in!

 Dance/

 Movement Film Music Theatre

   

 Singing Knitting/crochet Photography Painting

   

Anything else?:

…..................................................................................................................................

Transport Details

How would you get to our activities?

…..................................................................................................................................

If you are unsure or need advice about getting to the groups, please tick here ☐

Support Needs

Do you get around: ☐ Independently

☐ With a walking stick or mobility aid

☐ With support from somebody

☐ In a wheelchair

 Any further details:

 **……………………………………................**

Is there anything you would like us to know that will help us to support you better? (such as mental or physical health needs you would like to make us aware of)

☐ Yes (please give further details)   ☐ No

**……………………………………..……………………………………..............................**

Unfortunately our groups aren’t appropriate if you need support with eating, toileting or taking medication.

Please tick here to confirm you don’t need assistance with **toileting, eating** and **taking medication** ☐

Our groups can last for more than 2 hours. If you use incontinence pads, please make sure you can remain comfortable for the duration of the stay if you aren’t able to change them (as we can’t support with this). If this is the case, we may ask to speak to your care company in order to ensure your hygiene and health is put first.

Do you have any dietary requirements ☐ No

or allergies? ☐ Yes (please give details):

…………………………………..

Emergency Contact

Please give the name and number of someone we can call in the event of an emergency:

….................................................................................................................................

Their relationship to you:

….................................................................................................................................

Your Consent

**Your data will be stored safely, separately and confidentially on our central database. Please let us know if you would like to see our**[**privacy statement**](https://entelechyarts.org/privacy-notice/)

I am happy for Entelechy Arts and The Albany to store my details in their database.

Signature Date

…........................................ …..................................

Thank you for completing this form and welcome to Meet Me!

Please return this form to:

: becky.smith@entelechyarts.org

+  Entelechy Arts, The Albany, Douglas Way, London SE8 4AG

(  07593 580574 (for queries and access requests, or to go through this form over the phone)



**Meet Me is led by charities Entelechy Arts and the Albany.**

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