

Optua Leisure Registration Form



About you:

First Name			
Surname			
I am female	<input type="checkbox"/>	I am male	<input type="checkbox"/>
Date of Birth	/	/	

Your contact details:

Your Address 			
Postcode			
Home Phone			
Mobile			
Email			

About where you live: (Please tick)

I live in my own home	<input type="checkbox"/>
I live with my family	<input type="checkbox"/>
I live in supported housing	<input type="checkbox"/>
I live in residential housing	<input type="checkbox"/>

Please tell us about your disability: (Please tick all that apply)

Physical disability	<input type="checkbox"/>	Acquired brain injury	<input type="checkbox"/>
I am a Wheelchair user	<input type="checkbox"/>	Mild learning disability	<input type="checkbox"/>
Visual impairment	<input type="checkbox"/>	Moderate learning disability	<input type="checkbox"/>
Hearing impairment	<input type="checkbox"/>	Severe learning disability	<input type="checkbox"/>

Your emergency contact:

Name			
Relationship			
Address (if different to yours)			
Phone (Landline)			
Phone (Mobile)			

How did you hear about Optua Leisure? (Please tick)

Social services	<input type="checkbox"/>	From a friend	<input type="checkbox"/>
Family member	<input type="checkbox"/>	Other	<input type="checkbox"/>

If you ticked 'other' can you please tell us a bit more information?

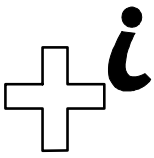
.....

Please tell us what your ethnic origin is: (Please tick)

Asian African	<input type="checkbox"/>	Asian Arabic	<input type="checkbox"/>
Asian British	<input type="checkbox"/>	Asian Chinese	<input type="checkbox"/>
Asian Indian	<input type="checkbox"/>	Asian Oriental	<input type="checkbox"/>
Asian Pakistani	<input type="checkbox"/>	Asian Other (please state)	<input type="checkbox"/>
Black African	<input type="checkbox"/>	Black British	<input type="checkbox"/>
Black Caribbean	<input type="checkbox"/>	Black Other (please state)	<input type="checkbox"/>
White British	<input type="checkbox"/>	White Irish	<input type="checkbox"/>
White European	<input type="checkbox"/>	White Other (please state)	<input type="checkbox"/>

If you have ticked 'Asian Other', 'Black Other' or 'White Other', please give more information:

.....



Confidential Medical Details

The information given may be vital in an emergency. It will remain confidential but maybe given to a third party in the event of an emergency e.g. emergency services staff.

Doctor's Name:

Doctor's Phone Number:

Please be aware of my physical and/or medical conditions (please tick if any of these apply): ✓

Asthma	<input type="checkbox"/>	Autism/Aspergers	<input type="checkbox"/>	Cerebral Palsy	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	Heart Condition	<input type="checkbox"/>	Mobility Difficulties	<input type="checkbox"/>
Weak Limbs	<input type="checkbox"/>	Speech	<input type="checkbox"/>	Diabetes Type 1	<input type="checkbox"/>
Diabetes Type 2	<input type="checkbox"/>	Other (Please State:).....			

Please be aware of my Food intolerances or other allergies i.e. hay fever, penicillin etc. (Please list):

.....



Medication

Are you currently taking any medication? (Please tick ✓) Yes No

If 'Yes' please give details:

Drug Name	Dose	Frequency

Who administers your medication?

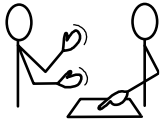
Do you take any medication that might be required in an emergency? (Please tick ✓) Yes No

If 'Yes', please state:

Please remember that it is your responsibility to update us of any changes as and when they occur.

All about you

We are asking for this information so we can provide you with the best possible support. If you feel that some or all is not relevant to you, then please move onto the next section.



Please tell us about your communication needs: (For example, do you use sign language or a communication sheet? Do you use a hearing aid?)



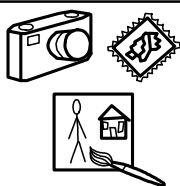
Please tell us about your personal awareness and any personal safety needs: (For example your mobility, swimming, strangers, prompting, washing, toileting etc.)



Do you have any behaviour that we should know about? (For example - lashing out, spitting, over-friendly, grabbing, wandering off etc.)



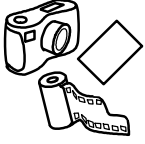
Please tell us if you need help using numbers: (For example counting, using money, budgeting, time schedules etc.)



Please tell us about your likes, dislikes and any hobbies you have:

Is there any other information you'd like to share with us?

Photographs



To help us provide a safe environment for people coming to our activities, anyone wanting to use equipment capable of capturing photographs or moving images at an event must ask Optua Leisure's permission before doing this .

Optua may also takes pictures for use in future publicity or promotional material about our activities. If you **do not** wish the to be featured in any way please tick ✓ this box:

'News and Views' is the free newsletter from Optua.

If you would like to receive a copy then please tick ✓ the box.

How would you like to receive your copy? Post

email

Under the terms of the Data Protection Act, we need your permission to store your details on our database. This is a legal requirement. All details stored shall be kept in the Leisure office and are kept confidential. (Please tick) ✓

I agree to my details being stored like this

I do not agree to my details being stored like this

Sign.....Date.....

Someone has helped me to fill in this form

Return Address

Please return this form to:

Optua Leisure
Optua House
Hill View Business Park
Claydon
IP6 0AJ

Phone: 01473 836770

Email: leisure@optua.org.uk

For office use only

N&V mailing list?

YES / NO Initial..... Date.....

Details onto database

YES / NO Initial..... Date.....

Posted relevant information

YES / NO Initial..... Date.....