

Gateshead Clubhouse Application/Referral Form

Confidential

Please return the completed form to:

Gateshead Clubhouse, Worcester Green,
Alexandra Road, Gateshead, NE8 1NH.



Gateshead Clubhouse

0191 440 9033

gateshead.clubhouse@gmail.com

Prospective Members Name:

Address:

D.O.B.:

Post code:

Landline:

Mobile:

Email address:

Tick this box to agree to get Clubhouse timetables & information by email, we do not share your information with anyone else.

Emergency

contact details:

Health Issues and Allergies: This is voluntary information and will be used to contact the emergency services should the need arise (we have first-aid members on site)

eg. Diabetes, Epilepsy, Heart Conditions etc..

Please continue on page 2...

Could you please provide us with the contact details of a worker involved in your care that can be contacted to verify the information contained in this form and that our service is suitable for you. This can be a CPN, social worker, psychiatrist, GP, primary mental health worker or support worker.

Name:

Job Title:

Address:

Tel No.

Prospective members signature:

Date:

/

/

For Office Use Only

Application form completed:

/

/

Risk statement received:

/

/

Letter sent confirming membership:

/

/

Gateshead Clubhouse Data Protection Consent Form

Name:

Date of Birth:

Address:

To whom it may concern:

We would like to request that you complete the enclosed basic risk form with regards to your client who wishes to become a member of Gateshead Clubhouse. We would like to reassure you that a full risk assessment is not required on your behalf nor do we expect you to make a judgement with regards to their suitability.

Consent from prospective member

I hereby give you consent to share my information with Gateshead Clubhouse.

Signed:

Print name:

Date:



Tee Morley

Chair – Gateshead Clubhouse