

MEMBER APPLICATION



Title: Mr / Mrs / Miss / Ms

Name:

Address:

Postcode:

Telephone no:

Date of birth:

Do you live alone?

If you live in a flat, which floor is it on?

Are there stairs or a lift?

Is there a warden?

What family do you have?

Whereabouts do they live?

How often do you receive visits other than from a carer?

Can you get out by yourself?

Can you use public transport?

Could you manage to get into the back seat of a 2 door car?

Could you manage to get into the back seat of a 4 door car?

Do you walk with either a stick or a frame or use a wheelchair

Do you have any problems with your eyesight?

Do you have any problems with your hearing?

Do you go to any clubs or daycentres?

(if so how often?)

Do you have meals on wheels?

Do you have a home help?

What is your doctor's name?

Telephone number:

Please tell us the name and relationship of your next of kin:

Name:

Telephone number:

Relationship:

If different from your next of kin, please tell us the name of who we can get in touch with, preferably locally, if we cannot contact you on a particular occasion?

Name:

Telephone number:

Relationship:

To help us select the driver and the car which would suit you best, please use the space below to tell us anything else you think we need to know – in particular any health matters which you think it advisable we are aware of.

It would be a great help if you would you be kind enough to tell us where you heard about Contact the Elderly?

I would like to be offered a place in a contact the elderly group

(Data Protection Act: I understand and agree that, as part of a Contact the Elderly group, my details will be held in a confidential database, which is only used for communications within the charity).

_____ **(signature)** _____ **(date)**

Please return this form to:

Contact the Elderly, 15 Henrietta Street, London WC2E 8QG

If you have any questions or need help filling in this form, please feel free to call Tel: 020 7240 0630