



# Portlethen & District Men's Shed

*'Come in and make new friends and share your interests & knowledge'*

## **MEMBERSHIP FORM**

### **CONTACT DETAILS**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

e: \_\_\_\_\_

email: \_\_\_\_\_

### **EMERGENCY CONTACT**      **To be contacted only in the event of an emergency**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

e: \_\_\_\_\_

### **HEALTH ISSUES**      *Eg. Eye conditions, deafness, diabetes, epilepsy, mobility, medication, etc.*

**(OPTIONAL)**

Please give details of any health issues you have which could affect the safety of yourself or others:

If you carry an SOS or Medic Alert Card, please give details:

How will you use the Shed:	Social & recreational purposes	Yes/No	To manufacture items using workshop equipment	Yes/No
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### **HEALTH & SAFETY DECLARATION**

The Health & Safety of yourself and others who may be affected by your actions is the main priority of all members of Portlethen Men's Shed. Therefore, it is important that in signing this form that you understand that you are committing yourself to abide by Health & Safety Policies and Procedures of Portlethen Men's Shed. In addition, you:

1. Will only undertake activities that you know that you are competent to perform and that will not endanger others.
2. Will not undertake any activities when you know that to do so is contrary to medical advice that you have been given.
3. Will only operate tools and machinery when after instruction into their safe use, you have been deemed competent by the Safety Supervisor.
4. Will report any faults with equipment to the Safety Supervisor on duty.
5. Agree that the Safety Supervisor on duty in the Shed has final say on issues regarding safe working.

Health & Safety is for the benefit of all members of the Shed and should not be looked on as an obstacle to be overcome. If an issue does arise that affects Health & Safety, then the Safety

Supervisor and the other members of the Shed will do their best to come up with an alternative solution to the problem.

**DATA PROTECTION**

The personal data that you have provided to Portlethen & District Men’s Shed is for internal use only and will never be shared with any external organisations. Generalised information on the demographics of the membership may be shared with funding organisations if requested.

The information provided will be used in the following ways:

- a. Your telephone number(s) and email address will be made available to members to contact each other
- b. Your address will be used to receive postal communications from the Shed
- c. Your Medical Conditions and Emergency Contacts Details will be used by the Workshop Supervisor/First Aider in the Event of an Emergency to inform the Health Professionals
- d. The Information provided on your Skills Audit will be used to form a Database of Skills that will be used to determine what Skills we can call upon to undertake projects and to ensure that anyone who wants to will have something meaningful to do.

The information will be reviewed and updated from time to time and you can withdraw your permission in writing at any time.

By signing the declaration below, you agree that your data can be used to in this way.

Signature:		Date:	
If you are acting on behalf of the person named above, please give details			
Print Name:		Relationship:	
Signed:		Date:	