# BOURNEMOUTH GATEWAY CLUB – EMERGENCY CONTACT DETAILS FORM

All members must complete this form and inform us of any changes.

Your contact details will be used for essential communication and emergencies only.

## Member Information

Full Name

Date of Birth

Address

Postcode

Member Phone Number

Member Email Address

I agree to receive the email newsletter YES / NO

## Emergency Contact Information

Emergency Contact Name

Relationship to Member

Emergency Contact Phone Number

Emergency Contact Email

I agree to receive the email newsletter YES / NO

## Medical and Health Information

GP Surgery Name

GP Phone Number

Health Conditions / Things We Should Know

Covid Vaccinations (Yes / No) Flu Vaccinations (Yes / No)

## Travel Information

Travel Method to / from Club Independent / Carer / Taxi

Taxi Company (if applicable)

Taxi Phone Number

## Club Attendance

Tick the days you will usually attend:

☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday Evening (6–8pm, every other week)

Email address for monthly invoices (day time sessions only):

## VAT Exemption Confirmation

Please confirm the following:

☐ The recipient of our services is considered disabled under HMRC’s definition.

☐ The care, support, or instruction we provide is part of a recognised individual care plan.

☐ An assessment of the individual’s needs has been carried out by a qualified professional (e.g. social worker, healthcare provider).

## Declarations & Consent

• If I book a regular paid session (Wednesday, Thursday, or Friday), I will pay the full fee whether I attend or not. I must give a minimum of a weeks’ notice if I wish to stop coming

• I give permission for my personal information to be shared in case of an emergency.

• I understand my information is confidential unless I or someone else is at risk of harm or abuse.

• I give consent for photographs of me to be used in Gateway Club promotional materials.

• I understand that I may occasionally leave club premises for nearby community activities.

• I agree to follow the club rules, treating others with respect and politeness.

• I understand that if I do not follow the rules, I may be asked to leave and not return.

• If I have a complaint, I know I can speak to a staff member or volunteer.

• I am able to give consent for myself unless the club has been informed otherwise.

☞ If any point above does not apply to you, please cross it out.

Signed: Print Name:

Date:

## Current Sessions & Charges (as of January 2025)

Day & Time Price Booking Type

Wednesday / Thursday / Friday 10:30 am – 3:00 pm £38 each Booked & invoiced monthly only
Saturday Evening £5 Drop-in
Social Events Varies Booked in advance