

Speak Out in Hounslow

Membership Form

For adults with a learning disability

Your Details

1st Name: _____

Surname: _____

Date of birth: _____



Are you Male or Female: (please circle)



or



Your Address and contact details:



Home Phone: _____

Mobile Phone: _____

Email: _____



Emergency Contact Details:



Who to contact? _____

Their phone number: _____

Relationship to you: _____

Will you come:
(please circle)



On your
own



With
support



Speak Out in Hounslow kindly acknowledges all our funders and partners, in particular the Big Lottery Fund & the London Borough of Hounslow.



LOTTERY FUNDED



London Borough
of Hounslow



Do you use a wheelchair?
(please circle)

Yes or No



Please write down if you have any medical conditions
(For example: epilepsy, diabetes, asthma)



Your Ethnicity _____

Photographic Consent



Are you happy for us to use photographs we take of you
in Speak Out's publicity? Such as in SOH News, on our
website and on social media?
(please circle)

Yes or No

IMPORTANT: Speak Out in Hounslow is a provider of activities and projects to support you to lead a full and active life. We **DO NOT** provide personal support. So we are unable to help with medication or personal matters such as help using the toilet. We are also unable to get you to or from our activities. This is the role of a Support Worker. You are very welcome to bring your Support Worker or Carer if you need assistance.

Please sign below and put the date on your membership form.

Your signature: _____

Today's date: _____

Which of our project(s) are you most interested in? (circle)

Travel
Training

Learning

Campaigning

Outings Empowerment



How did you hear about us? _____

Post your Membership Form to us at: **Speak Out In Hounslow**
2-03 Qwest, 1110 Great West Road, Brentford. TW8 0GP.

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