# MEMORY PATHWAYS REGISTRATION FORM

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| --- | --- |
| ***Memory Pathways is for people with memory loss, confusion or dementia and their carers. An opportunity to meet up with people in similar situations who enjoy nature and gardening, and to make new friends.**** **Section 1-4** are to be completed by either the individual or together with the carer
* **Section 5** should be completed by the carer
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**SECTION 1: CONTACT DETAILS OF PARTICIPANT**

|  |  |
| --- | --- |
| Title:  | Gender: ☐ Male ☐ Female ☐ Other If other please specify:  |
| First name:  |
| Preferred name:  | Address:  |
| Surname:  |
| Date of Birth:  | Postcode:  |
| Phone number (either landline or mobile):  | Email:  |

**In the event of an accident or incident please tell us who we should contact:**

|  |  |
| --- | --- |
| **Emergency Contact 1:**  | **Emergency Contact 2:**  |
| Contact name: | Contact name: |
| Relationship to you:  | Relationship to you:  |
| Phone number:  | Phone number:  |

**SECTION 2: WELLBEING & MEDICAL**

**Where did you hear about Lindengate?**

|  |
| --- |
|  |

**How** **do you hope to improve your wellbeing at Lindengate?** Please tick all that apply.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| To take notice of nature |  | To give to others |  | To be more active |  |
| To learn new skills |  | To connect with people |  |  |  |

**Memory Pathways is aimed at people with memory loss, confusion or dementia and their carers. How would you describe your current mental health needs? Please tell us of any diagnosis if applicable.**

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**Please let us know of any other needs or medical conditions, including allergies, epilepsy, mobility, sight, hearing or other specific challenges that we might need to know of.**

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**SECTION 3: CONSENTS**

**Please provide details of your GP:**

|  |  |
| --- | --- |
| Name: | Job Title & Organisation:  |
| Phone number:  | Address:  |
| Email:  |

## HEALTH CONSENT

I understand that if Lindengate needs to contact any afore mentioned health professional(s) to obtain further information to assess support needs, that the details will be stored securely.

## PHOTOGRAPH/VIDEO CONSENT

It is Lindengate’s policy that consent must be obtained by the appropriate person in order to use an image (photograph or video) for materials in the public domain. Image consent can be changed or withdrawn at any time by notifying a member of staff. However, we cannot withdraw images already published.

Please tick the boxes below to indicate your consent:

* Anonymous photos where face cannot be seen or is obscured? ☐ **Yes** ☐ **No**
* Identifiable photos of face? ☐ **Yes** ☐ **No**
* Video interview face-to-face? ☐ **Yes** ☐ **No**

## COLLECTING FEEDACK

I understand that Lindengate will collect feedback and comments. This information provides evidence of the impact of our services which is used to support fundraising and publicity.

**DATA PROTECTION**
I understand that all information provided on the registration form and in any further correspondence with Lindengate will be treated as confidential and held on a secure database.

I understand that if Lindengate is under a duty to disclose data, in order to comply with any legal obligation e.g. safeguarding children or vulnerable adults, acts of terrorism or money laundering, they are obliged to cooperate.

I understand the statements above and give my consent

|  |
| --- |
| Signature ……………………………………………………………………………………... Date………………………………………Name ……………………………………………………………………………………☐ Please tick if signing on behalf of the participant |

**SECTION 4: EQUAL OPPORTUNITIES MONITORING FORM FOR PARTICIPANT (Optional)**

**How would you describe your ethnic origin?** Please tick where appropriate.

**Asian or Asian British**

☐ Indian

☐ Pakistani

☐ Bangladeshi

☐ Chinese

☐ Other Asian background \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Black, Black British, Caribbean or African**

☐ Caribbean

☐ African

☐ Other Black, Black British or Caribbean Background \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mixed or Multiple Ethnic Groups**

☐ White and Black Caribbean

☐ White and Black African

☐ White and Asian

☐ Other Mixed or multiple ethnic background \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**White**

☐ English, Welsh, Scottish, Northern Irish or British

☐ Irish

☐ Gypsy or Irish Traveller

☐ Roma

☐ Other White background \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Other ethnic group**

☐ Arab

☐ Other ethnic group \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION 5: CONTACT DETAILS OF CARER**

***Please be aware that the carer is responsible for the person they are caring for AT ALL TIMES when on Lindengate’s premises. Our staff and volunteers are not responsible for the Participants personal care.***

|  |  |
| --- | --- |
| Name  | Gender: ☐ Male ☐ Female ☐ Other If other please specify:  |
| Phone number  | Address |
| Relationship to Participant  | Email:  |

**In the event of an accident or incident please tell us who we should contact:**

|  |  |
| --- | --- |
| **Emergency Contact 1:**  | **Emergency Contact 2:**  |
| Contact name: | Contact name: |
| Relationship to you:  | Relationship to you:  |
| Phone number:  | Phone number:  |

**How do you hope to improve your wellbeing at Lindengate?** Please tick all that apply.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| To take notice of nature |  | To give to others |  | To be more active |  |
| To learn new skills |  | To connect with people |  |  |  |

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I understand the statements above and give my consent

|  |
| --- |
| Signature ……………………………………………………………………………………... Date………………………………………Name …………………………………………………………………………………… |

**SECTION 6: EQUAL OPPORTUNITIES MONITORING FORM FOR CARER (Optional)**

**How would you describe your ethnic origin?** Please tick where appropriate.

**Asian or Asian British**

☐ Indian

☐ Pakistani

☐ Bangladeshi

☐ Chinese

☐ Other Asian background \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Black, Black British, Caribbean or African**

☐ Caribbean

☐ African

☐ Other Black, Black British or Caribbean Background \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mixed or Multiple Ethnic Groups**

☐ White and Black Caribbean

☐ White and Black African

☐ White and Asian

☐ Other Mixed or multiple ethnic background \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**White**

☐ English, Welsh, Scottish, Northern Irish or British

☐ Irish

☐ Gypsy or Irish Traveller

☐ Roma

☐ Other White background \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Other ethnic group**

☐ Arab

☐ Other ethnic group \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_