



## **FDM SOCIAL CLUB REGISTRATION FORM**

**Please complete the form and return by  
visiting our office or by post to:**

**FDM Office, 106 Stone Brig Lane, Rothwell, Leeds, LS26 0UE  
If you have any questions about the form please contact us  
on telephone number 0113 288 9000**

**Payment is required within 5 working days for any trips which you book. Please send a cheque made payable to 'FDM' [see address above] or call in to our office to pay by cash or telephone to pay by card.**

### **About membership and payments**

**A Membership Fee of £2 per year or part-year, is payable on joining and then payable every January. We are able to accept payments by card over the phone or by cheque. We are also able to accept payment at the office on Wednesday morning or afternoon and on Thursday afternoon. If paying by cash please pay at the office. We will never ask you to post cash to us.**

### **About Privacy**

**At FDM we take your privacy seriously. We will only use your personal information to administer your membership, to keep you informed about upcoming trips and events, and to provide the trips you book through us.**

### **Section 1**

**This is to provide us with information about yourself and give your permission for us to retain your data and use it only in connection with the delivery of our service. It also allows you to give us your preferences about how you would like FDM to communicate with you to administer of your membership and update you through our newsletter and programme of events and trips out.**

### **Section 2**

**This is to provide us with information about a contact in case of emergency.**

### **Section 3**

**Please sign and date**

**Please complete all 3 Sections before returning this form.**

## Section 1 About You

### Your Details

Mr / Mrs / Miss First Name(s) \_\_\_\_\_

Surname \_\_\_\_\_

Address

\_\_\_\_\_

\_\_\_\_\_

Post Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

Mobile \_\_\_\_\_

Email \_\_\_\_\_

Please tick below to tell us how would prefer to receive your FDM Newsletter and details of trips and events

Post

Email

FDM will contact you by telephone to confirm bookings and to advise you of pick up times. Please tick the box below to provide consent for us to contact you on the telephone number(s) you have provided.

Telephone

## Section 1 About Your Health and Mobility

FDM will never disclose information about your health to any other organisation.

**PLEASE REPORT ANY CHANGE IN YOUR HEALTH THAT AFFECTS YOUR ABILITY TO BE INDEPENDENT WHEN OUT ON TRIPS.**

FDM provides a range of trips. We ask that members are able to be independent as we are not able to provide any escort or care assistance. If you require support, you are very welcome to join and go on our trips if you are able to bring someone with you. This is why our policy allows for people to be able to book two places on our trips.

We are able to carry fixed wheelchairs but are unable to carry scooters unless they can be

dismantled and safely stored.

a) Do you use any mobility aids outside the home? Please tick the box.

None       Walking Stick       Walking Frame   
Walker with wheels       Wheelchair / Scooter

b) If you use a wheelchair or scooter are you able to transfer to a seat?

YES       NO

c) When transport is provided, which are you able to use?

Minibus (via steps)       Minibus (via lift/ramp)

d) If you use a wheelchair regularly do you:

Travel in it in a Minibus       Transfer to a seat

e) Do you have a "Blue Badge"? YES / NO

f) Do you have any dietary requirements?

Diabetic       Coeliac       Low Fat       Vegetarian       Vegan

Other : Please State \_\_\_\_\_

g) Do you have any know allergies or intolerances? YES/NO

If yes, please give details

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h) Do you have any visual impairment that means that you need assistance from another person?

Yes

No

i) Do you have any hearing impairment?

Yes

No

If you have answered yes, do you have a hearing aid?

Yes

No

**PLEASE NOTE THAT FDM IS NOT ABLE TO ACCOMDATE GUIDE OR HEARING DOGS ON TRIPS**

j) Please give the Name and Address of your Doctor. This will only ever be used in case of emergency.

DRs name \_\_\_\_\_

Surgery \_\_\_\_\_

Telephone Number \_\_\_\_\_

Have you any permanent or long standing Health Conditions or Disabilities?

\_\_\_\_\_  
\_\_\_\_\_

Other Information:

Please provide further information below on anything else which you feel is necessary for us to be aware of:

\_\_\_\_\_  
\_\_\_\_\_

## Section 2

As part of our service we provide our drivers with a sealed envelope on each trip, only to be used in case of emergency. This means we would quickly be able to know who to contact. Section 2 of this form asks for you to provide a contact in case of emergency.

It also asks for the named person to sign to say they agree to FDM holding their details solely for this purpose.

In the event of an EMERGENCY please give us the name of someone who we should contact:

Emergency Contact Name \_\_\_\_\_

Emergency Telephone Number \_\_\_\_\_

### **Section 2 Continued**

Emergency Contact Address

\_\_\_\_\_  
\_\_\_\_\_

Relationship to yourself \_\_\_\_\_

Is this person your next of kin?    YES / NO

Do you agree that FDM can retain and use the information provided by you at Section 2 in the event of an emergency situation?            YES / NO

Emergency contact signature \_\_\_\_\_

### **Section 3**

I agree to my information being stored and used by FDM for the purposes of my membership of the FDM Social Club and that I will keep FDM informed should any of the information provided change.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Thank you for taking the time to complete this membership form and FDM hope you will enjoy being a member of their Social Club.