

A friendship and dating agency for adults with
a learning disability



Membership Application Form

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SECTION 1 - ABOUT YOU

General details

First name(s): _____

Last name: _____

Prefer to be called: _____

Address: _____

_____ Post code: _____

Home phone number: _____

Mobile number: _____

Email address: _____

Date of birth: _____

Emergency contact 1

Name: _____

Relationship: _____

Daytime phone number: _____

Evening phone number: _____

Mobile number: _____

Email address: _____

Emergency contact 2

Name: _____

Relationship: _____

Daytime phone number: _____

Evening phone number: _____

Mobile number: _____

Email address: _____

Please give details of any information or further contacts that you want us to know about in case of an emergency.

Gender: Male Female

Marital status: Single Married Civil Partnership
 Divorced Widowed

Do you smoke? Yes No

Do you drink alcohol? Yes No

What is the nature of your disability and how does it affect your everyday life?

:

Your support needs

In the following situations, I will need: (please tick one option for each)

Social events:	<input type="checkbox"/> No support	<input type="checkbox"/> One to one	<input type="checkbox"/> Shared support
Travel:	<input type="checkbox"/> No support	<input type="checkbox"/> One to one	<input type="checkbox"/> Shared support
Finances:	<input type="checkbox"/> No support	<input type="checkbox"/> One to one	<input type="checkbox"/> Shared support
Reading:	<input type="checkbox"/> No support	<input type="checkbox"/> One to one	<input type="checkbox"/> Shared support
Writing:	<input type="checkbox"/> No support	<input type="checkbox"/> One to one	<input type="checkbox"/> Shared support

Additional information:

Where support is needed it will be provided by

An organisation - Please give details including name, address, email and phone number

Parents / carers

Other - Please give details including name, address, email and phone number

Your mobility (please tick all that applies)

- | | | |
|--|---|---|
| <input type="checkbox"/> Fully mobile | <input type="checkbox"/> I can walk short distances | <input type="checkbox"/> Wheelchair user |
| <input type="checkbox"/> Mobile with walking aid | <input type="checkbox"/> Difficulty with steps | <input type="checkbox"/> I use a white stick |
| <input type="checkbox"/> I drive a car | <input type="checkbox"/> I ride a motor bike | <input type="checkbox"/> I use public transport |
| <input type="checkbox"/> Other - Please specify | | |

Medical information and health conditions

Please tell us about any medical conditions or issues you have including any emergency medication you are taking eg. epilepsy

Dietary requirements and allergies

Please tell us about any special dietary requirements or allergies you have

My communication needs

- No issues
- I cannot read
- I cannot speak
- People will need to speak slowly
- Other - please specify
- I am deaf
- I cannot write
- I am blind
- I have a hearing impairment
- I use sign language
- I am partially sighted
- I use communication devices

Do you have any criminal convictions?

- Yes No

If yes, please give details

Are you on the sex offenders register?

- Yes No

If yes, please give details

Do you work?

- Yes No

If yes, please give details including when and where you work.

Do we need to inform anyone when you meet your friends or go out on a date?

Yes No

If yes, please give contact details and any further information on their support role.

Describe how you look

What is your build? Large Average Slim

Your height: _____

Colour and length of your hair? _____

Colour of eyes _____

Do you have? Tattoos Piercings

I wear Glasses Contact lenses

Describe your personality Please tick all that applies

- | | | |
|-------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Sociable | <input type="checkbox"/> Adventurous | <input type="checkbox"/> Good sense of humour |
| <input type="checkbox"/> Easy going | <input type="checkbox"/> Kind | <input type="checkbox"/> Shy |
| <input type="checkbox"/> Confident | <input type="checkbox"/> Quiet | <input type="checkbox"/> Independent |
| <input type="checkbox"/> Outgoing | <input type="checkbox"/> Honest | <input type="checkbox"/> Trustworthy |

Other things about me

If you would like to, please add more about the way you look and the type of person you are

What do you like and don't like? Please tick Yes or No and use the comments boxes to add any extra information.

Interests	Like	Don't like
Animals	<input type="checkbox"/>	<input type="checkbox"/>
Travelling	<input type="checkbox"/>	<input type="checkbox"/>
Cooking/baking	<input type="checkbox"/>	<input type="checkbox"/>
Gardening	<input type="checkbox"/>	<input type="checkbox"/>
Reading	<input type="checkbox"/>	<input type="checkbox"/>
History/culture	<input type="checkbox"/>	<input type="checkbox"/>
Singing	<input type="checkbox"/>	<input type="checkbox"/>
Shopping	<input type="checkbox"/>	<input type="checkbox"/>
Watching TV	<input type="checkbox"/>	<input type="checkbox"/>
Computer gaming	<input type="checkbox"/>	<input type="checkbox"/>
Walking	<input type="checkbox"/>	<input type="checkbox"/>
Dancing	<input type="checkbox"/>	<input type="checkbox"/>
Countryside	<input type="checkbox"/>	<input type="checkbox"/>

Other interests - Please specify in comments box

Comments:

Sports	Like	Don't like
Playing sport	<input type="checkbox"/>	<input type="checkbox"/>
Please list the sports you like to play in comments box		
Watching sport	<input type="checkbox"/>	<input type="checkbox"/>
Please list the sports you like and don't like to watch in comments box		
Cycling	<input type="checkbox"/>	<input type="checkbox"/>
Keeping fit	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Music	Like	Don't like
Jazz	<input type="checkbox"/>	<input type="checkbox"/>
Rock	<input type="checkbox"/>	<input type="checkbox"/>
Heavy metal	<input type="checkbox"/>	<input type="checkbox"/>
Classical	<input type="checkbox"/>	<input type="checkbox"/>
Pop	<input type="checkbox"/>	<input type="checkbox"/>
Dance	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Social Activities

Concerts

Like

Don't like

Bowling

Cinema

Eating out

Night Clubs

Camping

Going to the pub

Other social activities - Please specify in comments box

Comments:

Situations

Crowded places

Like

Don't like

Dark nights

Dogs/animals

My own space

Loud places/people/music

Early mornings

Late nights

Smokers

Other situations - Please specify in comments box

Comments:

When do you prefer to socialise?

Day time

Evening

Don't mind

What activities or events would you be interested in meeting friends at?

Bowling

Pub

Day trips

Out on a walk

Picnic

Cinema

Theatre

Concert

Go for coffee

Visit a museum

Restaurants

Wine tasting

Beer tasting

Disco

Jazz Night

Speed dating

Horse riding

Football

Paint balling

I will try anything new

Other - Please specify

SECTION 2 – WHO WOULD YOU LOVE TO MEET?

I am looking for: Please tick all that apply

Friends - Please tick gender options and then go to Section 3 if you do not want a date.
 Female Male Both

A date - Please tick options below on what you are looking for:
 Boyfriend Girlfriend Both

What age range should they be? You can pick more than one

18 - 20 21 - 30 31 - 40
 41 - 50 51 - 60 Over 60

What type of person should they be? Please tick all that apply

Sociable Adventurous Good sense of humour
 Easy going Kind Shy
 Confident Quiet Independent
 Outgoing Honest Trustworthy

Describe how they should look please tick all that apply

Build: Large Average Slim
Height: Tall Average Short

Colour and length of hair: _____

Colour of eyes: _____

What other things would you like to see in the type of person you would love to meet?

SECTION 3 – References

Please give details of two people who would be happy to give you a professional and personal reference. The professional reference should come from someone such as a support worker, advocate or social worker and the personal one from anyone as long as they are not a relative.

Reference 1

Professional referee

Name: _____

Email: _____

Phone number: _____

Address: _____

Job title: _____

Reference 2

Personal referee

Name: _____

Email: _____

Phone number: _____

Address: _____

Relationship: _____

Declaration

I have read the Criminal Convictions policy and all the information I have provided on the form is correct to the best of my knowledge. I agree to the information provided being shared with staff and volunteers.

Signed (Member) _____

Date: _____

Signed (Supporter): _____

Job title: _____

Date: _____

Where did you pick up this application form from?

- website
- From my local U-Night Group meeting
- Other - Please specify _____

Please return the completed form to:

I can travel to the following areas independently and would like to be added to their mailing list:

- Preston
- Chorley
- Blackpool and Fylde
- Lancaster and Morecambe
- Blackburn and Accrington
- Ormskirk and West Lancs
- Burnley and East Lancs

I prefer to be contacted about future social events by ?

- Email
- Post
- Telephone
- Other - Please specify _____
- I have paid the yearly subscription fee of £40