



A PROJECT OF HARTLEPOOL ART STUDIO LTD.

MEMBERSHIP APPLICATION FORM

SECTION 1

FULL NAME: D.O.B

ADDRESS: POST CODE

EMAIL ADDRESS TELEPHONE

CONTACT/NEXT OF KIN (FOR EMERGENCY PURPOSES ONLY)

NAME: RELATIONSHIP.....

ADDRESS: POST CODE

EMAIL ADDRESS TELEPHONE

DOCTORS

GP NAME & SURGERY

GP ADDRESS & POSTCODE.....

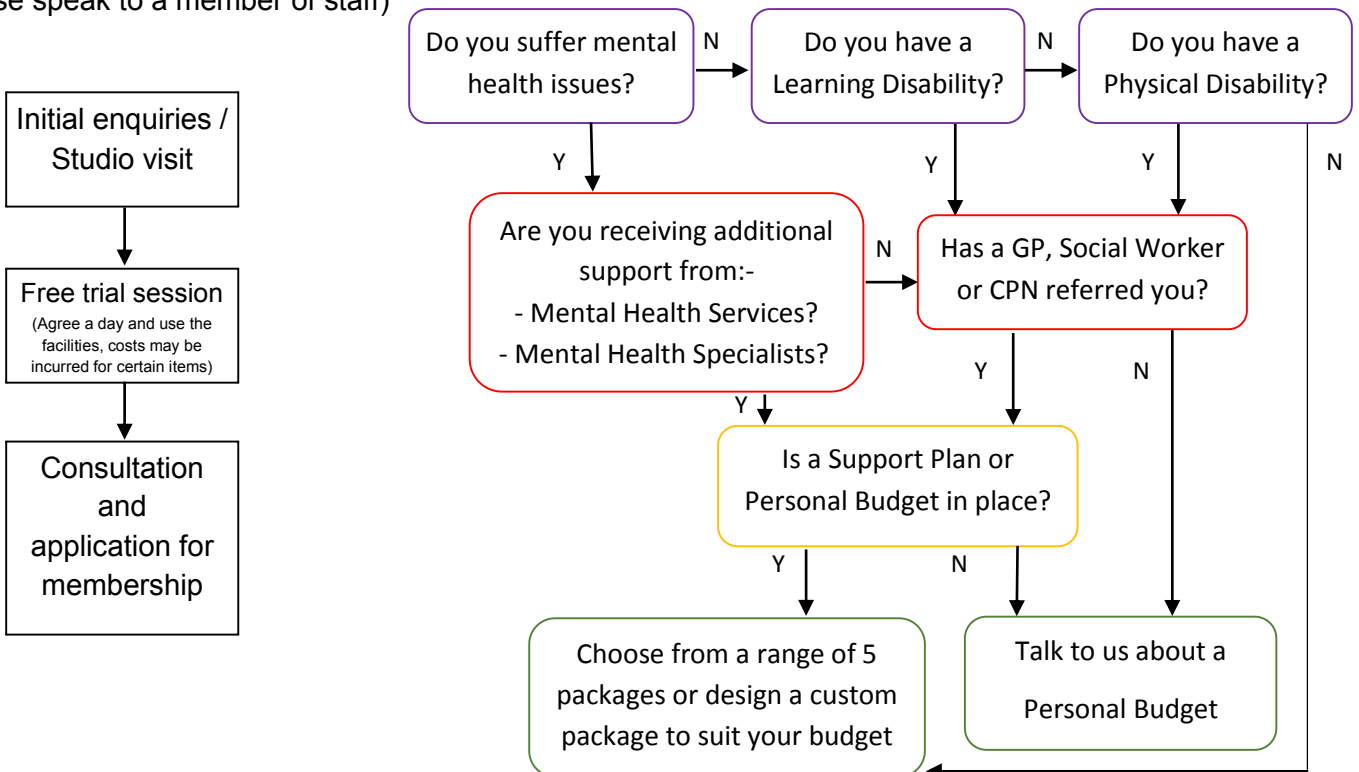
TELEPHONE

Proof of identity and address is required upon application – Passport, driving licence, utilities bill dated within the last three months.

SECTION 2

Would you require additional support provided by us in the studio? Yes No

(please speak to a member of staff)



SECTION 3

Individual Needs and Risk Assessment

In order to access our services at HASL (Artrium Studio, Gallery and other projects) we need to be aware of any risks or behaviour traits so that we can fully and correctly support you.

Please tick all relevant boxes that apply to you. Disclosing any issue will not exempt you from applying.

All information supplied on this form is kept under strict confidentiality.

- | | | | | | |
|---------------------------------|--------------------------|----------------------|--------------------------|-------------------------|--------------------------|
| Risk of violence/harm to others | <input type="checkbox"/> | Risk of Suicide | <input type="checkbox"/> | Risk of Self Neglect | <input type="checkbox"/> |
| Risk of Adult Abuse | <input type="checkbox"/> | Risk of Child Abuse | <input type="checkbox"/> | Risk of Sexual Abuse | <input type="checkbox"/> |
| Risk of Exploitation | <input type="checkbox"/> | Risk of stroke | <input type="checkbox"/> | Risk of verbal outburst | <input type="checkbox"/> |
| Heart or other internal issue | <input type="checkbox"/> | | | | |
| Bi Polar | <input type="checkbox"/> | Personality Disorder | <input type="checkbox"/> | Eating Issue | <input type="checkbox"/> |
| Anxiety | <input type="checkbox"/> | Depression | <input type="checkbox"/> | Stress | <input type="checkbox"/> |
| Autism | <input type="checkbox"/> | Learning Disability | <input type="checkbox"/> | Asperger's | <input type="checkbox"/> |
| | | | | Psychosis | <input type="checkbox"/> |
| | | | | Epilepsy | <input type="checkbox"/> |
| | | | | Drug Abuse | <input type="checkbox"/> |

Is there anything else we need to know so that we are fully prepared to support you?

This could be anything such as a nut allergy or any medication that you take on a regular basis.

.....

.....

.....

.....

.....

.....

.....

Do you receive support from any other organisations? (including mentors/care homes etc)

Name of person/s Organisation

Tel

Name of person/s Organisation

Tel

Where would you place your well-being issue on this scale? Please mark the relevant colour

When you are most unwell is the issue	Mild	1	2	3	4	5	Severe
How often are you unwell	Infrequent	1	2	3	4	5	Long-term
How would you describe your health at this moment	Very Good	1	2	3	4	5	Very poor

SECTION 4

Equality and Diversity Monitoring Form

Equality and diversity information provided is collated for funding purposes only. All information is kept in strictest confidence. If you wish to omit certain sections, please feel free to do so.

Gender	Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Other <input type="checkbox"/>
Aged	18 – 25 <input type="checkbox"/> 26 – 45 <input type="checkbox"/> 46 – 65 <input type="checkbox"/> 65+ <input type="checkbox"/>
Race	Asian <input type="checkbox"/> Black <input type="checkbox"/> Mixed Race <input type="checkbox"/> White <input type="checkbox"/>
Ethnicity	African <input type="checkbox"/> Bangladeshi <input type="checkbox"/> English <input type="checkbox"/> Welsh <input type="checkbox"/> Scottish <input type="checkbox"/> Caribbean <input type="checkbox"/> Chinese <input type="checkbox"/> Indian <input type="checkbox"/> Irish <input type="checkbox"/> Pakistani <input type="checkbox"/> Other <input type="checkbox"/>
Marital Status	Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Cohabiting <input type="checkbox"/> Single Parent <input type="checkbox"/> Civil Partnership <input type="checkbox"/>
Sexuality	Heterosexual <input type="checkbox"/> Homosexual <input type="checkbox"/> Bisexual <input type="checkbox"/> Transexual <input type="checkbox"/>
Employment Status	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Student <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Homemaker <input type="checkbox"/> Other <input type="checkbox"/> Are you registered disabled YES <input type="checkbox"/> NO <input type="checkbox"/>

Please tick which of the following apply to you.

I wish to attend HASL (Artrium) to: -

Social Inclusion

- Get me out of the house, relieve boredom
- Try something new
- Support me to form meaningful relationships

Prevention

- Prevent any relapses into mental illness
- Become less reliant on my medication
- Help me in coping with my mental illness

Recovery

- Develop confidence and build on my self esteem
- Support my wellbeing
- Tackle the stigma attached to mental health

Promotion

- Improve my creative skills and knowledge
- Develop my education/employment skills
- Take part in new opportunities

SECTION 5

Some general house rules and regulations.

- ◆ They are applicable to everyone and are for the Artrium to provide a safe environment for all those who attend;
- ◆ They are to demonstrate the standards of acceptable behaviour which all that attend agree to abide by;
- ◆ They are used to treat all members and staff/volunteers with equal respect within the Artrium and including those activities that are organised outside of the building, i.e. days out;
- ◆ It puts control and responsibility about acceptable behaviour back onto those people who are affected – members as a whole;

Unacceptable Behaviour

- ◆ Bringing weapons, alcohol and un-prescribed / illegal drugs onto the premises or being influenced under such;
- ◆ Attacking another person, either physically or verbally;
- ◆ Behaving in an aggressive or threatening manner – this includes threats of violence or intimidation;
- ◆ Sexual harassment – including unwanted touching or inappropriate comments;
- ◆ Thefts from members / staff / volunteers or Artrium art and craft resources;
- ◆ Wearing inappropriate clothing and using inappropriate language,
- ◆ Gossiping and inciting unrest between members, forming “cliques” and ganging up against other members;
- ◆ None payment of fees, subscriptions or extras (art materials, refreshments)
- ◆ Inappropriate use of the internet. We do not allow Social Networking sites, online shopping or sites such as YouTube.
- ◆ Deliberate waste of materials, including paints, clay and paper etc.

Equal Opportunities Policy (see separate dedicated policy)

Everyone should be treated equally, irrespective of their race, age, gender, culture, ethnic or national origins, colour, religious beliefs, sexual orientation, marital status, appearance, political beliefs, trade union activity, disability (physical or learning), spent or non-spent convictions, educational history or status. All persons will continue to have access to the compliments and complaints procedure for which are readily available from the Hartlepool Art Studio Limited (HASL) Project Manager.

Health & Safety (see separate dedicated policy)

All persons – including sub-contractors, volunteers, members and staff have a duty to read and to comply with the Health & Safety Policy. A copy can be requested from the Project Manager upon request.

Ensuring all refreshments are consumed in the designated area of the Artrium. That any tools, dangerous or sharp objects as well as chemicals are used with care and returned to the correct storage place by a volunteer after use as members are not permitted into the rear of the studio for health & safety reasons.

I agree to abide by the Code of Conduct as set out above. I understand that my membership of HASL may be revoked if I fail to observe these guidelines. If in doubt, ask any staff or volunteer.

Please tick this box if you do NOT wish to have your photograph used in any HASL publicity.

Signed Name

Date

FOR OFFICE USE ONLY

Start Date: Renewal Date:..... Added to Database Yes No ID.....

Fee Paid: (basic) Yes No Personalisation?..... Payments Annually 4 Weekly

Proof provided: Yes No

Code Of Conduct IT Confidentiality Welcome Pack Sent Yes No