



MEMBERS INFORMATION FORM	
Name:	
Date of Birth:	
Address:	
Contact Number:	
E-mail Address:	
E-mail address of Parent/ Guardian/ support worker/member	
<u>Primary Emergency Contact Person:</u>	
Contact Name:	
Contact Number:	
<u>Participant Profile:</u>	
Information we should	

<p>know about the participant, eg what they like and don't like:</p>	
<p>Any other medical information that Hertsmere Mencap need to be aware of?</p>	
<p><u>Photography</u></p>	
<p>Hertsmere Mencap may take photographs and/or videos of Participants during activities for promotional use on various marketing outlets. Delete as appropriate:</p>	
<p>Yes, I give consent to Hertsmere Mencap to use photographs and/or videos including Participants for promotional use.</p> <p>No, I do not give consent to Hertsmere Mencap to use photographs and/or videos including Participants for promotional use.</p>	
<p>May we also have your permission to include any feedback on our website and in promotional materials: Yes/No (Delete as appropriate)</p>	
<p>Parent / Guardian/support worker/ Participant Signature:</p>	
<p>Date Information Form</p>	

completed:	
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