

Please complete online or scan in and send to  
lifeskills@newforestmencap.org

Thank you



Name: \_\_\_\_\_

**Consent with regard to Information (GDPR) and First Aid**

**1. Information**

- The information on this form will be held securely and in accordance with the New Forest Mencap Data Protection policy available at [www.newforestmencap.org.uk](http://www.newforestmencap.org.uk) Any addresses/email addresses entered onto this form will be added to our mailing list and used to contact you from time to time to let you know about the work and activities of New Forest Mencap. If at any time you wish to stop receiving these communications please contact [development@newforestmencap.org](mailto:development@newforestmencap.org) and this information will be removed from our lists.
- The contents will not be shared with a third party unless we are required to by law or in relation to safeguarding.
- We may need to share this information within New Forest Mencap, especially if you attend more than one of our services.
- If we use this information in any reports we will ensure that it is anonymised and used to evidence trends or patterns, rather than individuals.
- You do not have to consent to this but if you do not New Forest Mencap will be unable to provide a service to you

I consent to New Forest Mencap holding this information on me.

**2. First Aid**

I consent for First Aid and/or emergency help to be given to me before professional medical help can be obtained

**Please complete below to give your consent to both Information retention and First Aid help**

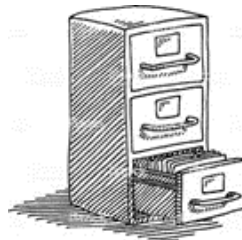
Signed: \_\_\_\_\_ please circle:      attendee      parent      support worker

Do you want to join this group?



**Yes ✓**  
**No X**

Can we keep information about you? (we will keep it safe)



**Yes ✓**  
**No X**



Please sign your name if you agree

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



My name:

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My address:

---

---

---

My phone number

---

My email address:

---

My date of birth:

---

I live with:

my family

on my own

with friends  
and staff



The person who knows  
most about me and helps  
and supports me is

---

They are:

Mum/Dad

Staff at:

---

other:

please state

---

Their telephone number is:

---

Their email is:

---



Doctor's Name:

---

Doctor's Address:

---

Doctor's phone  
number:

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More about me:



Please tell us about any medical conditions and/or disabilities you have:

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Please tell us about any medicines you take:

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Please tell us if you have any allergies or dietary requirements:

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**Care and support needs: *Please note* -**

1. *New Forest Mencap workers cannot attend to any **personal care needs**, if you need support with personal care you must bring your own support*
2. *New Forest Mencap workers **cannot dispense any medication (including epilepsy rescue medication)**. If you need medication during a NFM activity or you may need epilepsy rescue medication you must bring your own support.*

I would like to be supported by New Forest Mencap on a 5:1 ratio   
(subject to our discussions with you)

**OR**

I will be bringing my own support to New Forest Mencap activities



Please tell us about anything you really like:

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Please tell us about anything you don't like:

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Do you have any behavioural needs (if you have a PBS plan please send it separately):

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May we use your photo or image to tell people about New Forest Mencap?



Yes

No

You can withdrawn this permission at any time by letting us know

I am independent in the community  Yes

No

What do you hope to gain from attending this group?

How can we best support you to achieve this?