

Confidential when complete

14. Project Application Form

Name:
email:
Mobile:
Address:
Postcode:

Medical Disclosure:

Are you ok to be left unsupervised for periods of time?	Yes / No
Do you require constant medical/ Psychological supervision?	Yes / No
Do you have a physical impairment that we need to be aware of?	Yes / No
Do you have any mental health issues that we will need to be aware of?	Yes / No

Medical conditions:

Why do you want to get involved with this project? (please circle all that apply)

Try something new	Indulge in a hobby	Change of career	Meet new people
Academic studies	Recovery process	Other:	

What are your main areas of interest?

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How did you hear about us?

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Next of Kin:

Name:
Relationship:
Contact Number:
Address:

GPDetails:

Name:
Contact Number:
Address:

I give you permission to contact my GP if my health declines whilst on site

Yes / No

If you do not give us permission to use images taken on projects that may include yourself, please tick this box. All images used will be of a decent and respectful nature and used to promote our services

If you do not give us permission to store your data for the use on projects tick this box