

FAIRFIELD CLUB MEMBERSHIP FORM

MEMBERS SECTION

TITLE: MR/MRS/MISS/MISS (delete as appropriate)

SURNAME:.....

FIRST NAME (S).....DATE OF BIRTH.....

ADDRESS:.....

.....

POSTCODE: TELEPHONE NO

NEXT OF KIN:

RELATIONSHIP (IF ANY).....

ADDRESS/ PHONE NUMBER:.....

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.....

CARE MANAGER.....

CPN.....

GP

ARE THERE ANY OTHER AGENCIES INVOLVED? EG: INDEPENDENT LIVING TEAM/
ADULT PLACEMENT ETC:

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OTHER CENTRES ATTENDED.....

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WHY DO YOU WANT TO JOIN THE FAIRFIELD CLUB?

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FAIRFIELD CLUB MEMBERSHIP FORM

MEMBERS SECTION

WHAT HAVE YOU BEEN DOING FOR THE PAST 12 MONTHS?

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WHAT DO YOU HAVE TO OFFER THE FAIRFIELD CLUB ?

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HOW DO YOU SEE THE FUTURE?

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IS THERE ANYTHING ELSE YOU WANT US TO KNOW OR BE AWARE OF?

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PLEASE NOTE: IT IS IMPORTANT THAT YOU DO NOT SIGN THIS FORM IF YOU DO NOT AGREE WITH ANY OF THE CONDITIONS THAT ARE ATTACHED TO IT.

I authorise Project staff to exchange the information from this and the Referrers Section with others involved in my care package. I also agree to this information being held on computer.

SIGNED..... DATE.....

Once you have completed this section you must get the Referrers Section filled out. Give the completed form, along with two passport size photos or your old card, to any member of staff to have your new membership card issued.

FAIRFIELD CLUB MEMBERSHIP FORM

REFERRERS SECTION

NAME OF CLIENT:

PLEASE ANSWER ALL QUESTIONS IN THIS SECTION AS FULLY AS POSSIBLE, USING ADDITIONAL SHEETS IF NECESSARY. PLEASE BE AS ACURATE AS POSSIBLE

ARE THERE ANY KNOWN SIGNS TO INDICATE IMPENDING RELAPSE?

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IS THERE ANYTHING THAT FAIRFIELD STAFF SHOULD BE AWARE OF?

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IS THERE ANY HISTORY OF VIOLENCE? **NO/YES**

(PLEASE GIVE DETAILS).....

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IS THE PERSON YOU ARE REFERERING UNDER GUARDIANSIP, LISTED ON ANY PROTECTION REGISTER OR SUBJECT TO ANY OTHER KIND OF SUPERVISION ORDER? **NO/YES**

(PLEASE GIVE DETAILS)

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IS THERE ANY MORE INFORMATION THAT MAY BE RELEVANT TO THIS APPLICATION?

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IS THERE A CARE PLAN IN PLACE IF THERE IS PLEASE SAY HOW FAIRFIELD WILL FIT INTO THE PLAN

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I UNDERSTAND THAT AS A REFERRER I WILL BE THE FIRST POINT OF CONTACT IF THE PROJECT STAFF HAVE ANY CONCERNS REGARDING THE PERSON NAMED ABOVE. I WILL MAINTAIN CONTACT WITH THIS PERSON UNTIL RESPONSIBILITY IS TRANSFERRED TO SOMEONE ELSE AT WHICH TIME I SHALL INFORM THE PROJECT STAFF.

SIGNED DATE

PRINTED NAME POSITION

ADDRESS/PHONE NO.....

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NB ANY ADDITIONAL SHEETS SHOULD BE SIGNED, DATED AND INDICATE NAME OF CLIENT