



## LDN Connect Registration and Information Form

LDN Connect delivers a programme of activities and courses that are specifically tailored for you.  
Please tell us some information about you.

Date filled in:

Form filled in by:

### Personal Information



Full Name:



Home Address:



Date of Birth  
& Age:



Male / Female



Phone Numbers:

Home:

Mobile:



Email Address:



Name of Parent/  
Guardian/  
Next of Kin:



Parent or Next of  
Kin email address:



Language spoken  
at home:

Is an interpreter  
required?

Emergency Contact: Name:  
No 1.

Address:

Please give us  
contact details for  
someone we can  
contact if we need to  
do so urgently

Home:

Mobile:

Emergency Contact: Name:  
No 2.

Address:

Please give us  
contact details for  
someone we can  
contact if we need to  
do so urgently

Home:

Mobile:

## Groups

What groups are you interested in attending?

Kick Off



Yes

No

Not  
sure

Bake Off



Yes

No

Not  
sure

Getting Out



Yes

No

Not  
sure

Women's Institute



Yes

No

Not  
sure

Green Fingers



Yes

No

Not  
sure

Culture Vultures



Yes

No

Not  
sure

Get up and Go



Yes

No

Not  
sure

Petrol Heads



Yes

No

Not  
sure

Karaoke Kings & Queens



Yes

No

Not  
sure

Meet and eat



Yes

No

Not  
sure



## Medical Information

### Allergies

Are you allergic to anything? If yes, please tell us what, and describe the allergic reaction.

### Medication

Please tell us if you take any medication, and if you or your support worker will be bringing medication to sessions.

### Epilepsy

Triggers: Please tell us if there is anything which may cause an epileptic seizure (such as heat, noise or tiredness).

Warning signs: Please tell us if there are any signs that you may have before an epileptic seizure. Please tell us if you need a support worker to help you manage your epilepsy

Any other medical issues?



## Support Needs



### Disability

What is your disability and what support do you need from us?



### Communication

Please tell us about your preferred communication e.g. speech, Makaton, gesture.



### Any Special Food / Diet Needed

Please tell us if you should avoid certain foods, such as gluten or dairy products; or if you require a special diet, such as vegetarian or halal.



### Personal Care Support Needs

Do you need help when eating, changing clothes or when going to the toilet? Do you need a support worker with you to help with this?



### Mobility Support Needs

Do you use a wheelchair, or have other mobility needs?



Do you have any other support needs?

## Other Information



Social Services  
Please tell us your named  
social worker, or team.

Name:

Address:

Phone Number:



Any other people who help  
you who we need to know  
about?



Signed:

Date:

Name:

Relationship to Applicant:



## Photo Consent

We sometimes wish to take photographs

These may be for publicity purposes, which can help us raise funds and awareness, or for use within the Westminster Society for example for displays.

Please indicate here whether or not you are happy to have your photographs taken

I agree to photographs being taken for external publicity purposes

I agree to photographs being taken for use within The Westminster Society  
but not for publicity purposes

I do not agree to photographs being taken



## DATA PROTECTION ACT

In accordance with the Data Protection Act (2018), you have the right to see all the personal information we hold that relates to you.

We only hold information which helps us meet your needs. Most of this information is provided by you, though some may be provided by external professionals working with you.

The information we hold may be shared between the Westminster Society's relevant Service Managers. It will not be shared with other Westminster Society services without your prior permission, and it will not be used for marketing or any other commercial purposes.

When this form is complete please send it back to:

Christine Joseph

LDN Connect  
16a Croxley Road  
London  
W9 3HL  
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020 8968 2681