



# Inverurie & District Men's Shed

Old Hands + New Hands + Healthy Minds = **Happy Men**

## MEMBERSHIP APPLICATION FORM

Full Name: ..... Date of Birth .....

Known as ..... Telephone: .....

Address ..... Mobile .....

..... email: .....

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### HEALTH AND SAFETY

1. Your health and safety is of the utmost priority to the Trustees, it's our sincere wish that you leave in good physical condition and with a cheerful mind after each visit to the Shed. **You are required to abide by the following rules.**
  - ✓ I will only operate tools or machinery after I have received instruction on their safe use.
  - ✓ I will only undertake activities where I know I am competent to do so without endangering myself or others.
  - ✓ I will not undertake any activity that compromises my health and welfare or that of others.
  - ✓ I will report any faulty machinery or tools to the Supervisor on duty in the Shed.
  - ✓ I am aware that the final say on issues regarding safe work in the Shed lies with the Supervisor.
  - ✓ I accept and abide by the rules to safeguard my health and welfare, having read the Health, Safety and Environmental Policy and the Shed Risk Assessment Document.

Signed..... Date.....

2. In the event of an emergency, who would you like us to contact?

Name: ..... Relationship: .....

Address: .....

Telephone: .....

3. If you have any health issues you think we should be aware of (e.g. eyesight, deafness, diabetes, epilepsy, mobility problems, medications, blood disorders) please inform us. Information is only used to support your health and welfare which is medical-in-confidence.

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4. If you carry an SOS or Medic Alert card or carry prescribed drugs for emergency use. In order that our first aiders can assist in the event of an emergency, please give details:

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5. Please list your current Skills, Interests and Competence:

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*Privacy Statement*

We do not share your information with third parties unless legally obliged to do so  
Your information is only available to the Trustees and Supervisors of IDMS