

Leisure Direct

Providing Leisure Opportunities
For Adults with a Learning Disability



The Icknield Centre, Icknield Way
Letchworth, Herts SG6 1EF
Telephone: (01462) 485534
Email: office@leisuredirect.org.uk

Registered Charity No. 1050947

NEW MEMBER APPLICATION

Thank you for your enquiry about Leisure Direct. Leisure Direct is a charity that organises sport and leisure activities for adults with a learning disability.

Attached is an application and monitoring form and our Code of Conduct. If you or someone you know would like to apply for membership, please complete and return the enclosed forms. A membership fee does not need to be paid at this stage.

On receipt of the application form, we will telephone to arrange to meet, usually in the applicant's home. This is an opportunity to discuss what Leisure Direct is about and to answer any questions. If membership is agreed, a £18 membership fee will need to be paid at this point.

A Newsletter is sent out every two months with details of the activities on offer.

If you have any queries please do not hesitate to contact Leisure Direct on 01462 485534.

Claire Smith
Leisure Direct



Registered Charity No. 1050948

LEISURE DIRECT
Charity Number 1050948

CODE OF CONDUCT FOR MEMBERS

Leisure Direct provides a lot of leisure activities. In return for doing this we ask members and their carers:

- To make sure suitable transport arrangements are made to set down and pick-up before and after activities at the correct times.
- To let us know when you are unable to come to activities when booked.
- To pay for activities in advance (refunds are only given under special circumstances – see Refund Policy on the Activities procedure).
- To treat all people with respect and behave in a manner appropriate to the activity
- To not behave in an aggressive way - we will not allow aggressive behaviour or any form of bullying (such as pushing, hitting, punching or kicking, swearing or spitting).
- To follow all instructions regarding Health and Safety

If you have a complaint about Leisure Direct, we have a Complaints Procedure LD001. A copy will be sent to you if you require one. Complaints should be made in the first instance to the Leisure Organiser with a copy to the Chair.

If you do not obey the Code of Conduct we will implement the formal warning procedure:

All warnings will be recorded on a Verbal/Written Warning Record Form (LD011 Appendix 1)

- **Verbal Warning:** The Leisure Organiser or a volunteer will tell a member once or twice that their behaviour is not acceptable. All verbal warnings will be recorded and will remain current for a period of one year
- **Written Warning:** For repeated bad behaviour the member will receive a warning letter. **Please note** that for behaviour which could be dangerous to the safe running of Leisure Direct and its members and volunteers - a written warning may be given immediately without a verbal warning.
- **Written warnings will stay effective for a period of one year.** Any reoccurrence of unacceptable behaviour will be taken to the Executive Committee for investigation of possible suspension or termination of membership.
- **Suspension/Termination of Membership.** This action may be taken if the member continues to behave badly despite verbal and written warnings or if the behaviour actually harms a member or volunteer or is likely to harm another member or volunteer. In very serious cases the Leisure Direct Executive Committee reserves the right to suspend or terminate membership without verbal or written warnings being given. This means that the member may not be allowed to continue being a member of Leisure Direct. A member has the right to address the Executive Committee in person or in writing, with or without an advocate. The Executive Committee will review any application by a person whose previous membership has been suspended or terminated.



LEISURE DIRECT MEMBERSHIP APPLICATION FORM

April 2017 to March 2018

attach
recent
photo
here

Mr

Mrs

Miss

Ms

Name _____ Date of Birth _____

Address _____

_____ Postcode _____

Email _____

Telephone number _____ Mobile Number _____

Leisure Direct is for adults with a learning disability. Please tick the box to confirm that you do have a learning disability. We may ask you to show confirmation of this when we visit.

Do you live (please tick appropriate box)

At Home with Family

On your own / or with
Partner

In Supported Housing

In Residential Care

Days & times and when you attend College/Work _____

Contact Name, Relationship and Number in case of emergency:

Can you swim? **YES / NO**

Do You Travel Independently **YES / NO**

If you forget your sun cream is it ok to use someone else's? **YES / NO**

We use activity photos for newsletters/publicity/on the website. Are you happy for your photo to be used? **YES** I am happy **NO** do not use

Your details may be requested by Herts County Council, our funders, for performance monitoring. Ok? **YES** I am happy **NO** do not use

Doctor's name & telephone number _____

Special Details (any allergies, epilepsy, diabetes, partially sighted, deaf, etc)



Medical Conditions (please list) _____

Medication (name, dosage & times per day) _____

Is Alcohol allowed with your medication? **YES / NO**

This information is essential for your safety. Any changes to medication or medical condition MUST be notified in writing to the Leisure Organiser prior to the next activity meeting. Leisure Direct cannot be held responsible for any incidents that result from undeclared medical conditions. ALL MEMBERS NEED TO BE SELF MEDICATING

What activities do you enjoy? _____

What would you like to see put on this year or in the future? _____

I enclose cash/cheque/postal order for £18 made payable to Leisure Direct.
I have understood and agree with the 'Code of Conduct for Members'.

Signed: _____ Date: _____

(A carer may sign on behalf of a member if necessary)

All information given is covered by the Data Protection Act 1998

For Staff Use at Initial Interview

Membership Agreed: _____ Date: _____

1 to 1 Carer needs to be provided No / Yes

If you would like to be considered to attend appropriate activities without being supported in a small group, please sign below. This MUST be counter signed by your carer or support staff. Please note the final decision will be made at the discretion of Leisure Direct management.

Members Signature: _____

Carers Signature: _____

Carers Name _____

Relationship to member: PAID CARER/FAMILY MEMBER/OTHER (please state)



Leisure Direct Members Monitoring Form

NAME:

Age	
Under 18	
18-24	
25-34	
35-44	
45-54	
55-64	
65-74	
75-84	
85-89	
90+	
Not known	
Rather not say	

Gender	
Male	
Female	
Transgender	
Not known	
Rather not say	

Sexual Orientation	
Heterosexual	
Gay Man	
Gay Woman	
Bisexual	
Not known	
Rather not say	

Resident of	
Broxbourne	
Dacorum	
East Herts	
Hertsmere	
North Herts	
St Albans	
Stevenage	
Three Rivers	
Watford	
Welwyn Hatfield	
Not known	

Ethnic Group	
White British	
White Irish	
White Polish	
White Italian	
Any other White	
Bangladeshi	
Indian	
Pakistani	
Any other Asian	
African	
Caribbean	
Any other Black	
White and Asian	
White and Black African	
White and Black Caribbean	
Any other Mixed	
Chinese	
Traveller/Gypsy	
Any other ethnic group (please state)	
Not known	
Rather not say	

Religion/Belief	
Christian	
Jewish	
Hindu	
Muslim	
Buddhist	
Sikh	
Other (please state):	
No religion or belief	
Not known	
Rather not say	

Do you have a disability?	
Yes	
No	

