



18+ CLUB APPLICATION FORM

Name.....

Address:.....

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Post Code:.....

Contact Number:.....

Date of Birth:..... /..... /.....

Next of Kin Information

Name.....

Address:.....

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Post Code:.....

Contact Number:.....

Consultant Information

Name.....

Address:.....

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Post Code:.....

Contact Number:.....

Signature:.....



Doctors Information

Name.....

Address:.....

.....

.....

Post Code:.....

Contact Number:.....

Social Worker Information

Name.....

Address:.....

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Post Code:.....

Contact Number:.....

Date..... /..... /.....

Send to:

Adur Special Needs Project, East Wing Entrance, Civic Centre, Ham Road,
SHOREHAM-BY-SEA, West Sussex, BN43 6PR

Registered with Ofsted & West Sussex Social Services
Registered Charity No. 1088423



Medical Details

If you have any medical conditions we should know about, can you write it down in case of any emergency.

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Signature:..... Date..... /..... /.....

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|--|--------|
| Permission to have photograph taken. | YES/NO |
| Permission for ASP to use photograph for confidential file use only. | YES/NO |
| Permission for ASP to use photograph for ASP office use only. | YES/NO |
| Permission for ASP to use photograph at Glebelands only. | YES/NO |
| Permission for ASP to use photograph at other venues such as exhibitions, etc. | YES/NO |

Signature:..... Date..... /..... /.....