



## CONFIDENTIAL

### Membership Information and Application Form

Meet Me at the Maltings is an creative group for the over 65s. Our monthly themes are run by experienced artists and there is regular singing and pottery too. Sessions take place every Thursday and include a hearty lunch made on the premises, all materials, professional tuition and refreshments throughout the day. We work in themed monthly blocks to allow consistency in each project's development.

Farnham Maltings is a creative organisation that works with artists and communities to encourage the most people to make, see and enjoy the best art possible. Meet Me at the Maltings is part of our thriving Arts & Elders Programme.

**When: Every Thursday, in themed monthly blocks and 12 week cycles.**

**Where: Farnham Maltings, Bridge Square, Farnham, Surrey, GU9 7QR**

**For: Everyone over 65 years old**

**Price: £15 per session including lunch, tuition, materials and refreshments.**

#### **Autumn 2015 themes & prices:**

October Craft as part of Farnham Craft Town x 5 weeks = £75

November Words & writing life stories for performance x 4 weeks = £60

December Cakes & Conversation x 3 weeks = £45

Block of all 12 sessions = £150 if booked and paid for in advance

### PARTICIPANT DETAILS

<b>Date of joining:</b>	
<b>Name:</b>	
<b>Address:</b>	
<b>Postcode:</b>	

<b>Home phone number:</b>	
<b>Mobile (if any):</b>	
<b>Email address (if any):</b>	
<b>How would you like to be contacted about this project?</b>	
<b>Are you living alone?</b>	YES / NO
<b>Are you living with family / friends?</b>	YES / NO
<b>Date of birth:</b>	
<b>Are you:</b>	Male / Female
<b>If you would prefer us to talk to a relative or supporter / carer, please give their details:</b>	Name: Phone number:

Emergency contact details:

Name:

.....

Phone number:

.....

Relationship to applicant:

.....

**HEALTH AND MEDICAL INFORMATION**

Please let us know of any current medical conditions we need to be aware of:

.....

.....

Do you have any of the following:

History of Seizures YES / NO

Asthma YES / NO

Allergies YES / NO

Diabetes YES / NO

If yes to allergies, please specify:

.....

As we will be serving lunch at Meet Me at the Maltings, please let us know your dietary requirements:

.....  
.....

**TRAVEL AND MOBILITY**

Please tick any of the following that apply to you:

I walk independently.

I walk independently with equipment.

I walk with support from an individual.

I use a wheelchair.

If applicable, please detail walking equipment or wheelchair type below:

.....  
.....

How would you get to Meet Me at the Maltings? Please detail below:

.....  
.....

Do you have a relative or supporter / carer who would attend Meet Me at the Albany with you? YES / NO

If yes, please list the name of the person below:

Name:

.....

Please specify what support role this person would be playing:

.....

**SPECIFIC COMMUNICATION NEEDS**

Please let us know of any communication needs you may have:

.....

How did you hear about Meet Me at the Maltings?

Flyer  Brochure  Word of mouth / friend / relative

Recommended by Health or Social Care / Adult Health

Other, please specify: .....

**MEMBERS' QUESTIONS**

We want to create a healthy programme of events and to connect local people as a result. It would help us to know your thoughts and while you can talk to the project manager at any time, here are some questions you may want to consider.

**Can you tell us a bit about yourself – your background, your career, where you're from?**

**Have you been involved in similar activity before? If so where and what?**

**What are you looking for in Meet Me at the Maltings?**

**Do you have any suggestions for future sessions?**

**PLEASE SIGN THE FORM BELOW**

SIGNATURE OF PARTICIPANT:

.....

DATE: .....

If you are filling in this form on behalf of someone else, please write your name and details below, indicating why you think this is an appropriate programme for them:

Name: .....

SIGNATURE: .....

DATE: .....

Relationship to applicant: .....

Name of Organisation (if applicable) .....

Contact details, please detail below:

Phone: .....

Email: .....

Reason for application: .....

.....

.....

Thank you for filling in this application form. As places are limited and in the event that we have too many applications, we will open a waiting list. Family members or carers are welcome to accompany Members free of charge (except for lunch), however please note, we are not able to offer one to one support ourselves (including personal care).

If you require help completing this form or need the form in a larger font size, please do not hesitate to contact Kath on the contact details below:

**Please take your time to complete this form as long as you return it in advance of your first block of sessions to:**

Kath Boddy – Arts & Elders Programmer  
Farnham Maltings  
Bridge Square  
Farnham  
Surrey  
GU9 7QR

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