



EAST MALVERN MEN'S SHED

MEMBERSHIP APPLICATION FORM.

Personal Details	First Name:.....known as..... Surname: Date of birth.....
Address	Address: Suburb:Postcode:.....
Contact Details	Home Phone:.....Work: Mobile: Email:
Emergency Contact Details	Name: Relationship: Phone Home: Mobile:
Medical Information and Privacy	<p>We respect your privacy and to assist in our caring role whilst you are at the East Malvern Men's Shed or undertaking an off-site activity, we would appreciate knowing of any medical conditions that can assist our care of you in the event of an accident or medical condition that may occur affecting your well-being.</p> <p>This information will be kept in a sealed envelope under secure conditions and will be available to you upon request, or on leaving the EMMS Membership. It may only be opened by a responsible shed member in the event of a medical emergency affecting you. Provision of this or other information is not a condition of membership being granted.</p> <p>In the event there is a change in your medical condition that could impact upon your care or treatment, it will be your responsibility to amend the information held by us.</p> <p>This proposal is accepted by me: Signed:.....</p>

Doctors Details	Doctors Name:..... Medical practice..... Doctors Phone No:.....
Personal Medical Information	<p><i>Do you have any medical conditions we should know about?</i></p> <p>Yes / No</p> <p>If YES please provide information plus details of any ongoing medical care you are receiving.</p>

	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Any comment that might assist us caring for you</p> <p>.....</p> <p>.....</p>
<p>Disabilities</p>	<p><i>Do you have any disability that might require assistance or reasonable adjustments to participate in the activities of the Shed?</i> Yes / No</p> <p>Disabilities: <input type="checkbox"/> Hearing impaired /Deaf</p> <p> <input type="checkbox"/> Physical</p> <p> <input type="checkbox"/>Intellectual</p> <p> <input type="checkbox"/> Acquired Brain Impairment</p> <p> <input type="checkbox"/> Mental Illness</p> <p> <input type="checkbox"/> Learning</p> <p> <input type="checkbox"/> Vision</p> <p> <input type="checkbox"/> Other</p> <p> <input type="checkbox"/> Interview booked.</p> <p> <input type="checkbox"/> Interview undertaken.</p> <p>Further data requested Yes / No</p>
<p><u>Member's relevant background data</u></p> <p>We request the following information with a view to enhancing the benefits the East Malvern Men's Shed offers as we seek to cater for all our member's pursuits:</p> <p>Some relevant details of your past life/type of work experience would be appreciated:</p> <p>1. Are there any particular skills that you consider may be of assistance to the shed activities? e.g. participating in leading an activity; being in an interest group or shed committee.</p> <p>.....</p> <p>.....</p> <p>.....</p>	

2. What activities would you like to be able to undertake in the Men's Shed?

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3. Is there any other skill in which you have been specifically trained that may be of benefit to Shed members / activities: e.g. first aid, counselling?

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4. Do you have any experience working in men's sheds, workshops, or similar situations?:.....

If yes, give details:

.....

Thank you for your assistance.

Privacy

It is the policy of the East Malvern Men's Shed to maintain the highest level of confidentiality in respect of information provided by its members. Information collected above is either required by law or assisting the running of the Shed including for fund raising purposes. The completion of this membership form signifies your approval to use the above non-medical information for those purposes. A copy of the EMMS Privacy Notice is available on request.

Member's telephone numbers, email details and residential addresses will not be made available to other members unless consent has been given.

Important Note

The above information must be updated without delay should your medical condition change such it may impact on your health and remains your responsibility to keep East Malvern Men's Shed fully informed, this being understood by me.

Declaration

I agree to undertake any relevant induction process or training necessary to comply with OHS requirements related to the activities I wish to take part in. (Note- Failure to do so may restrict activities available to you.)

Signature:

Date:.....

How did you hear about the East Malvern Men's Shed? (*please tick*):

☐ Brochure

☐ Internet

☐ Local Paper

☐ Word of Mouth

☐ Other please specify:.....

If my photograph is taken I give permission for its use in EMMS promotions

Yes/No

I have read and agree to the EMMS Code of Conduct (see next page):

Signature:Date:

All the details I have given in this application are true and correct.

Signature:Date:

Office Use Only	<p>Annual Subscription payable in July each year: \$60.00 (Subject to adjustment quarterly).</p> <p>New subscribers need to pay the appropriate \$15, \$30, \$45 or \$60 fee before their applications will be considered. If they are not endorsed by the Committee, their full payment amount will be refunded.</p> <p>Payment Received: \$.00 Cash / Cheque payable to East Malvern Men's Shed Inc. or:</p> <p>BSB 633000</p> <p>Account 188 527 683.</p> <p><input type="checkbox"/> Membership Approved/Rejected.</p> <p>Signature:Date:.....</p>
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THE EMMS CODE OF CONDUCT

- Our code of conduct is framed around the basic position that the men's shed is a supportive safe space where diversity is valued and mindfulness of men's health issues guides our activities.
- By applying for membership of our Shed, you acknowledge that we support men's health & well-being by providing men from all walks of life with a safe and friendly environment in which they participate in activities that improve their physical, mental & social health, where they can contribute value to the community, increase individuals self-worth and productivity and give greater connectivity to friends and by giving purpose to their lives.
- We will not tolerate abuse, violence, anti-social behaviour or infringements of the rights of others. Persons indulging in this type of behaviour will be asked to leave the Shed
- Participants are expected to conduct themselves in a courteous manner towards Supervisors, Management Committee members, key stakeholders and other users of "The Shed" - this includes being considerate of other persons need for space, tools, materials and equipment
- Shed Issues are taken to shed colleagues first and if the issue develops into a conflict, the details must be given to a Committee Member as soon as possible.
- Issues are addressed, not personalities
- Always clean equipment after use and return tools to the appropriate place. Clean or vacuum the area affected by your activities before you leave the work room.
- If a fault in equipment is noticed you must immediately notify a committee member of that fault.
- No member can carry out any activities at the Shed by himself unless his presence at the shed is required to undertake any functions necessary for the administration of the shed.
- No equipment can be used by a member unless that member has undertaken the relevant training and has shown himself competent to use that equipment.
- Ensure your immediate work area is free of obstructions and your operations shall not interfere with other shed activities.