

ALBURY MEN'S SHED

DISABLED & CARER'S MEMBER'S DETAILS FORM

Name of person with disability	
Address	
Mobile Phone No.	
Landline Phone No.	
Email address	
Date of birth	
Medical? Disabilities. What are medical conditions /disabilities and/or medications that may affect your capacity to safely operate machinery or participate in Shed activities.	
Work skills, interests & relevant hobbies	
Emergency Contact details	
Name	
Best Phone Contact Number	
Relationship	
Carer or person acting as carer	
Name	
Mobile Phone No.	
Landline Phone No.	
Email Address	
Date of Birth	
Employer who employs Carer	
Insurance Policy of Carer's employer	
Other information relative to Shed operations	

By Signing below, We confirm that the above application information about me is true & correct.

Applicant's Signature: _____ **Date:** _____

Carer's Signature : _____ **Date:** _____