



**The Silvers Workshop**

## Application Form

*Please fill this form in in BLOCK CAPITALS*

### PERSONAL DETAILS

Preferred First Name ..... Second Name .....

Address .....

.....Post Code .....

Landline Tel. No. .... Mobile .....

Email (CAPITALS, please!) .....

### EMERGENCY CONTACT PERSON

Name ..... Relationship ..... Phone No. ....

### MEDICAL CONDITIONS

Do you have any medical conditions that might cause fainting or collapse or cause any danger in using machinery, or that we need to know about for any other reason? Yes/No

If yes, please explain.

### HOW DID YOU HEAR ABOUT US?

Please say how you heard about The Silvers Workshop.

### CONCESSIONS

Concessions are available for people receiving means-tested state benefits and other people in need. To claim, tick here [ ] and a member of the committee will arrange to meet with you to discuss it.

### PARTICULAR SKILLS

If you have any particular skills that may be of use to the shed, please describe them below. For example: joinery, carpentry, furniture manufacture, furniture repair, wood finishing, wood lathe skills, plumbing, electrical skills, metal fabrication, metal lathe work, other metal work, welding, brazing, casting, machinery maintenance, vehicle repair, composite materials, concrete work, brick laying, health and safety administration, fire officer, club treasurer, other club officer.

### OTHER INTERESTS AND HOBBIES

### COMMUNICATIONS

Which of the following are you happy to use to communicate with fellow members? Please tick all the ones you are happy to use: telephone [ ], text [ ], email [ ], web forum [ ].

### BASIC RULES

- No member may attend the premises under the influence of alcohol or drugs , and no alcohol may be consumed on the premises.

- Smoking is not allowed in any part of the premises.
- Appropriate safety equipment must always be used, and never disabled.
- All members have a duty to look out for all other members and must behave at all times in such a manner so as to promote their safety.
- Before any member uses any particular piece of machinery they must undergo a proficiency assessment on it to be signed off for using it.
- The work area and the kitchen must be left in a clean state and above all SAFE for other members .

#### DISCLAIMER

I acknowledge and accept that (to the fullest extent permitted by law) neither the Silvers Workshop nor any of its trustees, employees or affiliates shall be liable for any direct or indirect loss, damage of injury (except in instances of death or personal injury caused by the negligence of such persons) arising from or in connection with my participation at the Silvers Workshop and I waive all and any claims in this respect.

#### SHARING OF PHONE AND EMAIL DETAILS

I agree to my phone numbers and email address being put on the list that is made available to all members.

#### PRIVACY STATEMENT

The Silvers Workshop will only use your personal information for the purpose of the normal running of the organisation. We will not intentionally sell, share, or distribute your personal information to third parties, except as required by law.

#### DECLARATION

I apply to join the Silvers Workshop.

The details provided by me are correct. I have read and understood the above Privacy Statement above, and I undertake to comply with the Basic Rules above and the other rules of the Silvers Workshop and any instruction I may receive from its officers.

I enclose a standing order mandate (much preferred) or cheque. (*Please delete which ever does not apply.*)

Signature

Date

Please send this form, with a standing order mandate or cheque, and evidence of being in receipt of benefits if applicable, to: The Membership Secretary, The Silvers Workshop, 15 Primrose Lane, Winnersh, Wokingham, Berks RG41 5UR.

For further information please email [membership@thesilversworkshop.org.uk](mailto:membership@thesilversworkshop.org.uk) or phone 0118 979 0673 or 07771 580276.

For Official Use: Membership No. ....