

A friendship and dating agency for adults with a learning disability



Membership Application Form

Referred by:

- Social services
- Parent/carer
- Self referral
- Other (please specify) _____

Registered Office Address: Luv2meetU CIC (Community Interest Company)

Listonshiels Resource Centre

Bierley Lane, Bierley.

Bradford

BD4 6DN

Registered CIC no: 7399511

Luv2meetU is a subsidiary of HF Trust Ltd, registered charity no: 313069



Membership Application Form



SECTION 1 - ABOUT YOU

General details

First name(s): _____

Last name: _____

Prefer to be called: _____

Address: _____

_____ Post code: _____

Home phone number: _____

Mobile number: _____

Email address: _____

Date of birth: _____

Emergency contact 1

Name: _____

Relationship: _____

Daytime phone number: _____

Evening phone number: _____

Mobile number: _____

Email address: _____

Emergency contact 2

Name: _____

Relationship: _____

Daytime phone number: _____

Evening phone number: _____

Mobile number: _____

Email address: _____

Please give details of any information or further contacts that you want us to know about in case of an emergency.

Gender: Male Female

Marital status: Single Married Civil Partnership
 Divorced Widowed

Do you smoke? Yes No

Do you drink alcohol? Yes No

What is the nature of your disability and how does it show in your everyday life?

:

Your support needs

In the following situations, I will need: (please tick one option for each)

Social events:	<input type="checkbox"/> No support	<input type="checkbox"/> One to one	<input type="checkbox"/> Shared support
Travel:	<input type="checkbox"/> No support	<input type="checkbox"/> One to one	<input type="checkbox"/> Shared support
Finances:	<input type="checkbox"/> No support	<input type="checkbox"/> One to one	<input type="checkbox"/> Shared support
Reading:	<input type="checkbox"/> No support	<input type="checkbox"/> One to one	<input type="checkbox"/> Shared support
Writing:	<input type="checkbox"/> No support	<input type="checkbox"/> One to one	<input type="checkbox"/> Shared support

Additional information:

Where support is needed it will be provided by

An organisation - Please give details including name, address, email and phone number

Parents / carers

Other - Please give details including name, address, email and phone number

Your mobility (please tick all that applies)

Fully mobile

I can walk short distances

Wheelchair user

Mobile with walking aid

Difficulty with steps

I use a white stick

I drive a car

I ride a motor bike

I use public transport

Other - Please specify

Medical information and health conditions

Please tell us about any medical conditions or issues you have including any emergency medication you are taking eg. epilepsy

Dietary requirements and allergies

Please tell us about any special dietary requirements or allergies you have

My communication needs

- No issues
- I cannot read
- I cannot speak
- People will need to speak slowly
- Other - please specify
- I am deaf
- I cannot write
- I am blind
- I have a hearing impairment
- I use sign language
- I am partially sighted
- I use communication devices

Do you have any criminal convictions?

- Yes
- No

If yes, please give details

Are you on the sex offenders register?

- Yes
- No

If yes, please give details

Do you work?

- Yes
- No

If yes, please give details including when and where you work.

Do we need to inform anyone when you meet your friends or go out on a date?

Yes No

If yes, please give contact details and any further information on their support role.

Describe how you look

What is your build? Large Average Slim

Your height: _____

Colour and length of your hair? _____

Colour of eyes _____

Do you have? Tattoos Piercings

I wear Glasses Contact lenses

Describe your personality Please tick all that applies

- | | | |
|-------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Sociable | <input type="checkbox"/> Adventurous | <input type="checkbox"/> Good sense of humour |
| <input type="checkbox"/> Easy going | <input type="checkbox"/> Kind | <input type="checkbox"/> Shy |
| <input type="checkbox"/> Confident | <input type="checkbox"/> Quiet | <input type="checkbox"/> Independent |
| <input type="checkbox"/> Outgoing | <input type="checkbox"/> Honest | <input type="checkbox"/> Trustworthy |

Other things about me

If you would like to, please add more about the way you look and the type of person you are

What do you like and don't like? Please tick Yes or No and use the comments boxes to add any extra information.

Interests	Like	Don't like
Animals	<input type="checkbox"/>	<input type="checkbox"/>
Travelling	<input type="checkbox"/>	<input type="checkbox"/>
Cooking/baking	<input type="checkbox"/>	<input type="checkbox"/>
Gardening	<input type="checkbox"/>	<input type="checkbox"/>
Reading	<input type="checkbox"/>	<input type="checkbox"/>
History/culture	<input type="checkbox"/>	<input type="checkbox"/>
Singing	<input type="checkbox"/>	<input type="checkbox"/>
Shopping	<input type="checkbox"/>	<input type="checkbox"/>
Watching TV	<input type="checkbox"/>	<input type="checkbox"/>
Computer gaming	<input type="checkbox"/>	<input type="checkbox"/>
Walking	<input type="checkbox"/>	<input type="checkbox"/>
Dancing	<input type="checkbox"/>	<input type="checkbox"/>
Countryside	<input type="checkbox"/>	<input type="checkbox"/>

Other interests - Please specify in comments box

Comments:

Sports	Like	Don't like
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Playing sport
Please list the sports you like to play in comments box

Watching sport
Please list the sports you like and don't like to watch in comments box

Cycling

Keeping fit

Comments:

Music	Like	Don't like
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Jazz

Rock

Heavy metal

Classical

Pop

Dance

Comments:

SECTION 2 – WHO WOULD YOU LOVE TO MEET?

I am looking for: Please tick all that apply

Friends - Please tick gender options and then go to Section 3 if you do not want a date.
 Female Male Both

A date - Please tick options below on what you are looking for:
 Boyfriend Girlfriend Both

What age range should they be? You can pick more than one

18 - 20 21 - 30 31 - 40
 41 - 50 51 - 60 Over 60

What type of person should they be? Please tick all that apply

Sociable Adventurous Good sense of humour
 Easy going Kind Shy
 Confident Quiet Independent
 Outgoing Honest Trustworthy

Describe how they should look please tick all that apply

Build: Large Average Slim
Height: Tall Average Short

Colour and length of hair: _____

Colour of eyes: _____

What other things would you like to see in the type of person you would love to meet?

SECTION 3 – References

Please give details of two people who would be happy to give you a professional and personal reference. The professional reference should come from someone such as a support worker, advocate or social worker and the personal one from anyone as long as they are not a relative.

Reference 1

Professional referee

Name: _____

Email: _____

Phone number: _____

Address: _____

Job title: _____

Reference 2

Personal referee

Name: _____

Email: _____

Phone number: _____

Address: _____

Relationship: _____

Declaration

I have read the Luv2meetU Criminal Convictions policy and all the information I have provided on the form is correct to the best of my knowledge. I agree to the information provided being shared with Luv2meetU staff and volunteers.

Signed (Member) _____

Date: _____

Signed (Supporter): _____

Job title: _____

Date: _____

Where did you pick up this application form from?

- Luv2meetU website
- From my local Luv2meetU branch
- Other - Please specify _____

Please return the completed form to:

- Luv2meetU
C/O Hft
Listonshiels Resource Centre,
Bierley Lane,
Bierley,
Bradford,
BD4 6DN

I can travel to the following areas independently and would like to be added to their mailing list:

- Leeds/Wakefield
- Calderdale
- Bradford
- Kirklees
- Sheffield
- North East Derbyshire

I prefer to be contacted about future social events by?

- E-mail
- Post
- Telephone
- Other - Please specify _____