

A.I.R. Membership Form



*Activities, Independence
and Respect*

Name:

D.O.B:

Age:

Address:

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Postcode:.....

E-Mail address.....

Telephone number:.....

Emergency contact numbers:.....

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I have specific support needs in the following areas (please tick):

Behaviour Medical
Personal Care (Toileting and Feeding)

I will employ my own P.A. to support my needs for any event.

A.I.R reserves the right to ask a member to provide a P.A. should they feel it is necessary.

The committee have agreed that some financial assistance may be available for your own PA to attend certain events. Please apply to the committee in writing.

I enclose a cheque / £5 for my membership.

Signed by or on behalf of member (if appropriate).....

Name of Parent/ Guardian/ Carer.....

Name of Member.....

Date.....

Please return this form to:

Nichola Gall
A.I.R Facilitator
Highfurlong School
Blackpool Old Road
Blackpool
FY3 7LR

**It is your responsibility to inform
the A.I.R committee of any changes
of personal details.**

Medication

Please complete and sign section A if you have stated on the membership form that you **DO NOT** require a personal assistant. Sign section B if you have stated on the membership form that you will employ your own personal assistant.

Please be advised A.I.R staff are not permitted to administer any medication.

Section A- Not requiring a P.A

In the event of an emergency A.I.R. staff will take appropriate action with regard to dialing 999. If there is any additional information you would like us to pass on to the emergency services in such an event you must ensure we have all relevant details in order to do this. Please use the space below for this information. It is your responsibility to inform us of any changes.

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Please sign to say you have read and fully understand the information provided above:

Signature.....Print.....

Relationship to A.I. R member.....Date.....

Section B

For those members who have stated on their membership form that they require 1-1 support, and they are providing this service, it is the responsibility of the privately employed Personal Assistant to administer medication and/or phone the emergency services.

Please sign to say you have read and fully understand the information provided above:

Signature.....Print.....

Relationship to A.I.R member.....Date.....

Behaviour

Please be advised A.I.R staff will not be held responsible for any issues arising from the unruly behaviour of its members.

All A.I.R members are expected to behave impeccably at all times when attending events. If you are aware of any issues your son/daughter may have, regarding behaviour, you are required to tick the specific needs box on the membership form and provide a personal assistant for all events.

If you have stated that your son/daughter does not require 1-1 support and any issues arise regarding behaviour A.I.R will need to re-evaluate the members position and a 1-1 will be required for all events. A.I.R staff reserve the right to ask for a P.A. to be provided if they feel the member requires one, you will be informed of this in writing.

Please sign to say you have read and fully understand the information provided in this letter:

Signature

Print.....

Relationship to member.....

Date.....