



# ABOYNE & DISTRICT MEN'S SHED Membership Application Form



**Aboyne & District Men's Shed will treat all information confidentially as required under GDPR rules.**

My personal information will not be shared unless I give additional explicit consent.

Full Name ..... Date .....

Address ..... Telephone .....

..... Mobile .....

Postcode ..... e-mail .....

**Health & Safety**

You are responsible for making sure that you and everyone around you, is safe at all times: in joining the men's shed, you are accepting personal and collective responsibility for your behaviour and actions.

This means:

1. When working in or at the shed, I will undertake activities only when I know I am competent to do so without endangering myself or others;
2. I will operate machinery only AFTER I have been approved by a Supervisor (this may involve training) or I am being appropriately supervised;
3. I will not undertake activities that are contrary to any medical, professional or technical/health and safety advice I have received;
4. If I find any faults with shed equipment, I will stop immediately and make the worksite safe and then report the incident to the Safety Supervisor or appropriate person on duty at the shed;
5. If see anything that looks wrong, I will share my concerns;
6. I am aware that the final say on issues regarding safe working in or at the shed lies with the Safety Supervisor or person in charge of the facility or activity.

Aboyne Men's Shed members must declare any issues that may affect their safe operation of equipment or their participating in activities and events. It is the responsibility of individual members to make arrangements for any additional support they require.

I am / am not willing to receive e-mails from the shed.

**Sign only if you understand and agree to the above conditions Signature .....**

Do you wish to use the Shed for:-	Social & recreational purposes	YES / NO	Making/refurbishing items using workshop equipment	YES / NO
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In the event of an **emergency**, who would you like us to **contact**?

Name ..... Relationship .....

Address ..... Telephone .....

..... Mobile .....

If you have any health issues that we should be aware of or if you have a SOS / Medical Alert card please inform us, remembering these issues might affect not only you but other Shed members -

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Mention particular interests, skills or competency here ( optional)

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