



GIVE GAIN GROW MEMBERSHIP FORM



All personal information supplied is strictly confidential. Give Gain Grow fully complies with the General Data Protection Regulations (2018). We respect your privacy and will not pass on your details to any third party. If you have any questions regarding any section on the form, please ask the Project Organiser.

Personal Details

Name:

Address:

.....

.....

Telephone number:

E-mail address:

Date of birth:

Please tick which group you are attending:

Gosport Community Gardeners

Emergency Contact Details

Contact Name

Relationship

Contact telephone number



What do you hope to gain from attending Give Gain Grow?

Tick which reasons apply to you

	Tick here
Meet new people with similar interests	
Improve health and wellbeing	
A greater involvement in the local community	
Improve confidence and motivation	
Discover new ways to continue gardening	
Get out and do new things	
Gain new skills and knowledge	
Have fun and feel happier	

Tick as appropriate.

If you are attending Gosport Community Gardeners, please tell us your past gardening or conservation experience.

- Novice (little or no gardening experience)
- Intermediate (some experience but no formal qualification)
- Experienced (gardened/carried out conservation activities for many years or gardened professionally)

Travel Arrangements

Please indicate how you plan to travel to the project? **Walk / Bus / Car / Taxi**

Do you have any special requirements e.g. disabled parking? **Yes/No**

If yes, do let us know here: -
.....

Future activities

Would you be interested in pursuing any community volunteering opportunities in the local area following your Give Gain Grow experience?

If yes, which ones would interest you?

	Tick here
A local gardening group	
A conservation project	
Other community volunteering	
Don't know yet	
Not interested at present	



Confidentiality

Give Gain Grow aims to provide a safe, comfortable environment for all participants where they can feel free to discuss topics they wish to as part of a supportive and trusted group. For that reason, we ask participants to respect everyone’s privacy and to sign the following confidentiality agreement. If you have questions about this, do ask your Project Organiser.

I agree to respect the confidentiality of all participants attending Give Gain Grow and agree not to discuss participants with any person or agency without their express permission.

I understand that all personal information provided will be kept strictly confidential (subject to legal limitations) and data will be maintained according to GGG’s protection policy.

Signature Date

In order to ensure that Give Gain Grow is the right group for you and to be certain that we can safely offer the support you need, we offer a 6-week period during which you can Try Out the group and ask questions. We want you to get the best from GGG and we need to be sure your needs will be met. We will review your Try Out at the end of 6 weeks. Should you stay with GGG, we will meet periodically to ensure you are fully supported and to discuss any further volunteering you wish to undertake.

Photo Consent

Occasionally we may want to take photos for publicity purposes to use on leaflets or on our website and social media. We need your permission to do this, so please circle below if you **do or do not** wish your photo to be taken or used by GGG.

I agree to my photograph being taken and used by Give Gain Grow for publicity purposes

Yes No



Where did you hear about Give Gain Grow?

Facebook		Another organisation/group you attend	
Twitter		Leaflet*	
GGG website		Poster *	
Friend or relative		Other**	

*please tell us where you saw the poster or leaflet **please tell us where you heard about us

.....

Health Information

This information enables us to provide a suitable, safe and enjoyable working environment and to provide activities that are accessible to all participants. All information will be kept strictly confidential. GGG advises participants to ensure they are **fully immunised against Tetanus** or seek medical advice prior to starting the programme of activity.

If you choose not to provide your health information, please sign the disclaimer below.

Do you have any health condition that may impact your ability to take part in gardening or conservation activity or require additional support?

For example – physical disability, limited mobility, medical condition or medication side effects, mental health needs.

Please list any allergies you have

Please provide us with any further health information that you think we should know

Health Disclaimer

If you choose not to provide your health information, please sign the disclaimer below.
I reserve the right to withhold my personal health details. I understand that by doing so I retain full responsibility for my health & safety while attending the Give Gain Grow sessions and that GGG may not be able to tailor sessions to my needs.

Signature Date

Specialist Support

Please advise us if anybody will be attending the project with you e.g. a relative, friend or carer or if you require any specialised assistance