



Spelthorne U3A K2
(Registered Charity No. 1110936)

SU3AK2 Carers Registration Form

Name of member requiring to be accompanied by a carer.....

I confirm that I will accompany the above named to K2 activities at all times or if for any reason I am unable to do so I will seek agreement from the group leader (or a committee member if it relates to attendance at the monthly meeting) in advance for a named person to deputise for me.

While I will not be required to pay a membership fee as the designated carer I understand I will be required to pay all relevant expenses relating to the group activity.

I agree that

1. I will be entirely responsible for the care of the above named and that other K2 members will not be required to provide any care, except in an emergency situation.
2. If the member's situation changes I will discuss with the group leader and/or with the designated welfare and wellbeing officer as appropriate how this may be managed to enable the member to continue to participate in the group and/or monthly meetings.
3. The group leader and /or the welfare and wellbeing officer may contact me at any time if there are concerns. Also the next of kin if I am not listed as such.

I understand that I may be required to remove the member from a group either permanently or temporarily if their presence is detrimental to other members participation in the group. No refund of the membership fee will be refunded in these circumstances.

Name.....

Relationship to the member.....

Date.....