

ACCESS & ALERT REGISTRATION FORM

The information you provide in this document will assist us to recommend the appropriate service provision for your needs. Medical Alert information and any relevant first aid instructions will only be made available to the appropriate personnel in the event of an emergency: we anticipate that all our members with a significant medical alert or allergy already wear an SOS talisman.

DECLARATION

I do/do not (delete as appropriate) object to personal information being retained on a computer database, monitored and managed by Electrical Eggs UK. I understand that the information will only be provided to SF event organisers using the Access Service, if it is my intention to attend the event, for the purposes of Service provision and Medical Alert notification.

DATE: _____ **SIGNATURE:** _____

PLEASE PRINT YOUR DETAILS CLEARLY. Thank you.

Name: _____ **Date of Birth:** _____
Address: _____ **Blood Type/Group:** _____
Postcode: _____ **Phone Number:** _____
Email address: _____
GP's Name & Address: _____
Postcode: _____ **Phone Number:** _____

ACCESS REGISTRATION DETAILS

Please tick all that apply:

Visual Impairment	<input type="checkbox"/>	I have a Service Animal	<input type="checkbox"/>
Mobility Restrictions	<input type="checkbox"/>	I use a walking aid e.g. crutches	<input type="checkbox"/>
Hearing Impairment	<input type="checkbox"/>	Wheelchair user	<input type="checkbox"/>
Medical/Mental condition	<input type="checkbox"/>		

I recently had an operation/accident/illness and may need some help
I would like to register for Medical Alert purposes only (see over)

Please tell us which of these principal convention events you normally attend. This will help the organisers to anticipate special seating arrangements if you have requested them.

Opening Ceremony	<input type="checkbox"/>	Autographs	<input type="checkbox"/>
Closing Ceremony	<input type="checkbox"/>	Awards Ceremony	<input type="checkbox"/>
Guest events	<input type="checkbox"/>	Masquerade	<input type="checkbox"/>
Bid Sessions	<input type="checkbox"/>		

ACCESS & ALERT REGISTRATION FORM

ACCESS & ALERT REGISTRATION FORM

HOW CAN WE HELP?

Your Access Details will give us some idea of the way we can offer help and some of them are detailed below. Tick any that apply.

- BSL interpreter**
- Large Print Publications**
- Provision of powered scooter**
- Provision of footstool**
- Access Gopher for short periods***
- Recommend a hotel room close to lifts**
- Recommend a hotel room in quiet area**
- Recommend an adapted hotel room**

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

*Access Gopher's should generally be requested in advance. However, if your usual helper cannot attend, make sure you inform the Access Co-ordinator, who will attempt to make alternative arrangements for you.

MEDICAL ALERT DETAILS



If you have a medical condition, taking regular medication, or if you have any significant allergies, this information could be vital in an emergency situation. Please use the space provided below for any information you think will be important. This will ensure that if you require emergency treatment, the provider will be aware of any conditions/circumstances, which could affect your care & management.

Remember to include any special first aid instructions, if you have any. This is of particular importance if you are referred to paramedics or taken to a Casualty Department.

Thank you for taking the time to complete this form.