Date of birth:

#### **NEW MEMBER DETAILS**

The purpose of this is to ensure we have all the necessary information regarding your condition. This will help us to establish which therapies at the Centre could be the most beneficial for you and what, if any, assistance you may require when you are here.

Please complete this form in block capitals and in black ink. We ask you to complete this form yourself to help keep The Brightwell COVID secure by minimising the amount of in-person contact needed. Thank you for your assistance.

# STRICTLY PRIVATE & CONFIDENTIAL

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NHS number			$\prod$	I						Date of birth	D	D	/ N	M	/	Υ	Υ	Υ	Υ
Title	e Mr. / Mrs. / Miss / Ms. / Dr. / Other																		
First name							Surname												
Address																			
											<u> </u>								
										Postcode									
Mobile No										Landline									
Email																			
Ethnicity										We ask fund			ne of om re						
Emergency contact						Emergency													
Conidci										tel.									
GP name										GP tel.									
GP Surgery																			
Consultant										Consultant									
name										tel.									_
Care Agency										Care agency tel.									
How did you	he	ar c	odı	ut	The	e Br	igh	we	llŝ										
Are you currently in employment?					YES / NO			Full t	ime	/ Pc	art ti	me							
Do you volunteer anywhere?					YES / NO	WI	here	eş											

Member Name:

THIS SECTION IN BLUE FOR OFFICE USE ONLY

Date of birth:

# **PAST MEDICAL HISTORY**

please tick any that apply

Primary Condition					
Date of diagnosis					
Other conditions					
Allergies					
	Epilepsy		Circulatory p		
Diabetes / Hypog	glycemia		Serious illı		
Heart co	onditions		Upper respi		
co	OVID - 19				
History o	f cancer		Sudder		
Have you been n	advised ot to fly?			ssant medication eroids or Disease difying Therapies	
Smoker (preser	nt / past)				
Are	you curre	ntly taking	part in any clinical c	or hospital studies	
If yes, please	e specify				
Please list a illnesses / ope	_				
If you	have Mu		osis (MS), What type k whichever applies	do you have?	
Relapsing / remit	tting (RR)		   Priı	mary progressive	
Secondary pro	ogressive			Benign RR	
	Static				

# **Privacy Statement**

At The Brightwell we are committed to protecting and respecting your privacy.

## Why do we need your personal and sensitive health information?

It enables our Centre staff to discuss and assess you so that we can provide you with the most appropriate and suitable therapy options available. Our legal basis for processing your personal and your health information is covered by Legitimate Interest: Article 6(1)(f) and special category (sensitive/health data) Article 9(2)(d) of the General Data Protection Regulation 2018.

## Who has access to your information?

The information you provide is processed by Centre staff members only, securely stored and retained on the Centre's electronic database and therapy booking system. This database cannot be accessed remotely.

## How your information be used?

Your information will be used only for the following purposes;

- assessing and reviewing your individual needs and suitability for therapy
- to monitor the effectiveness of any therapy and/or any treatment plan
- evaluating the outcomes of service activities and/or therapy interventions
- for personal identification on our therapy booking system which enables you to book appointments at the Centre
- administration purposes, to keep you updated with schedule changes and/or service developments

Our Privacy Policy is available on request. Please ask for a copy from the main office.

Your consent is required for specific aspects of what we do, please **read and initial** the following statements only if you **agree** to provide your consent.

	Initial here if you consent
<b>Health &amp; Safety:</b> Where and if necessary, I consent to being transferred by a patient transfer hoist or other recognised procedure as may be required on an emergency basis. I confirm that I am aware that the Centre's policies require that I provide for physical, or any other assistance, I may require under normal circumstances.	
<b>General Practitioner/Consultant Notification:</b> I consent for my GP and/or Consultant to be notified (in writing) that I have approached the Centre for therapy and for confirmation of my diagnosis/condition/s.	
<b>Electronic communication:</b> I consent for my details to be added to the Centre's digital mailing list. <b>Please note</b> ; this is our preferred method of communication and has been a vital tool in helping us stay connected with members during lockdown you will also receive newsletters plus details and information on special events and fundraising activities.	
<b>Photography:</b> I consent for my picture/video to be taken and used for the Centre's service reporting purposes and/or in the marketing of services.	
<b>Benefits of Therapies:</b> I fully understand that the benefits of therapies/activities will also depend on my lifestyle, on-going medication and general health. I understand that if I have not given the correct details or have failed to provide all relevant and appropriate information the effects of therapy could be nullified or lessened.	

# HISTORY OF CONDITION

# HISTORY OF YOUR CONDITION

please complete this section to the best of your recollection

	DATE	BRIEF DESCRIPTION
When and how did your symptoms begin?		
What event, symptoms or triggers led to your diagnosis?		
How were you diagnosed? (lumbar puncture, MRI)		
How have your symptoms progressed since diagnosis?		



## What does it mean to be a member of The Brightwell?

- The Brightwell is based on the principle of self-help, we exist to provide the therapies and support that you, the members, decide are important and needed
- The charity is run by a management team, supported by the trustees for the benefit of the members and others who can benefit from its services
- The Centre is not a part of and receives no support from the NHS. We currently receive under 1% of our funding from other statutory sources
- As a member you agree to support the Centre's team and volunteers to help us raise approximately £350,000 per year to provide the services and support we all value
- In the event of The Brightwell being wound up, as a member, you agree to pay a sum not exceeding £1 towards any outstanding debts, in accordance with the our company regulations

### **Consultation with Members/Centre Users**

The following arrangements exist for consultation with members/users about the operation of the Centre:

- We welcome suggestions and ideas this is your Centre. Please contact the Centre Manager with any ideas you may have or contact any of the trustees
- The Centre's trustees (the officers of the Charity and members of the Board of Trustees) are elected annually from the membership by the members at the Annual General Meeting. A number of the trustees are people with a neurological condition or are the partner/carer of a person who attends the Centre so they are in frequent contact with the wider membership. To promote impartiality some of our trustees do not have a neurological condition and their expertise lies in other areas; e.g. business
- A survey is taken from time to time to consult with members and obtain comments on the operation of the Centre. The returned forms are anonymous. A summary of the comments is given to the Chair of Trustees and is reported on at the AGM
- Members have the right to access any of their own personal records held at the Centre in accordance with the Data Protection Act
- Should anyone have the misfortune to collapse while on the premises, staff trained in first aid will assist them until medical assistance arrives. If this does not comply with your wishes, please inform the Centre Manager
- If required we have access to a translating and interpreting service please ask the Centre Manager for details

# Arrangements for dealing with complaints

Written policies are in place to ensure that the privacy and dignity of members is maintained. Private rooms are available for confidential meetings.

The Centre's objective is to resolve any issues promptly and justly, while ensuring that the complaint is thoroughly investigated by a responsible person prior to its resolution.

Any member, member's carer or personal representative that has a complaint about any aspect of the Centre's operations, or staff, should in the first instance refer the complaint informally to a senior member of staff who will try to resolve the problem immediately, this would be Doro Pasantes, Centre Manager. To contact Doro confidentially you can email; <a href="mailto:doro.pasantes@thebrightwell.org.uk">doro.pasantes@thebrightwell.org.uk</a> or call direct on 01454 628 722

If this is not possible, the complaint will be referred to a member of the Management Committee (trustees) who will:

- Within 2 working days of receipt of the complaint acknowledge it in writing
- Advise the Chair of Trustees of the complaint
- Consult with the Chair of Trustees as to the manner in which the complaint should be investigated and resolved. The Management Committee member or the Chair of Trustees, as appropriate, will conduct any necessary investigation and provide the complainant with a full response in writing within 20 days of receipt of the complaint. If the investigation is still in progress at that time, the complainant will be given a letter explaining the reason for the delay, and a full response in writing will be given within 5 days of a conclusion being reached

If the complainant is dissatisfied with the proposed resolution of the complaint, they may refer the matter in writing to the Management Committee. It will be considered at its next scheduled meeting – or at the discretion of the Chair of Trustees, at an Extraordinary Meeting called for the purpose of considering the complaint.

Such a meeting will include the right to make a personal representation by;

a) the complainant and b) the person/s in respect of the complaint

The resolution by majority vote of the complaint by a properly convened and quorate meeting of the Trustees will be communicated in writing to the complainant within 5 days of the meeting having taken place.

A reference copy of the complaints procedure is kept by the Centre Manager and is available on request.

Where requested, the complainant and/or family members will be given support by a mutually acceptable Centre member in using this procedure.

## Your membership of The Brightwell

Your annual subscription gives you access to all of the therapies, services and support available at the Centre and, even though we try to keep membership subscription costs down, we cannot guarantee that they will stay at the same rate in future.

Alternatively you could become a lifelong member of The Brightwell, you will receive a copy of our newsletters throughout the year and have peace of mind knowing that you don't have to give membership renewal a second thought. Lifelong membership of The Brightwell is £350.

Please indicate your preferred membership option by ticking the relevant box								
Annual Memb	£35							
Lifelong Mem	£350							
Other amoun	£							
How would you prefer to pay?								
Cheque								
Debit card								
Standing order			A standing order form is included with this					
			pack. If you use online banking this can be set up as a recurring payment. Our banking details are also on that from, please use your surname as the reference.					
By signing below you agree to adhere to the policies, procedures and conditions set out in this information pack								
Signature					Date			
Print name								

# Gift Aid and fundraising

If you are currently a UK taxpayer we can claim Gift Aid on all of your donations to the Centre, unfortunately this does not include contributions towards therapies. Gift Aid is a valuable fundraising option for the Centre as for every £1 donated the government will donate an additional 25p. If you can complete the enclosed declaration we would be very grateful.

Would you be willing to assist us in fundraising for The Brightwell?
At this time we aren't carrying out face to face fundraising but we
are exploring ways we can fundraise virtually. Please let us know if
you're happy for us to talk to you about ways you could help.

YES NO