

LEITH TIME BANK
PART OF THE EDINBURGH **timebanknetwork**

Leith Time Bank Membership Form

Please fill out in BLOCK CAPITAL LETTERS

Your details

Name:	
Address:	
Telephone:	
Mobile:	
Email:	
Nationality:	
Date of Birth:	

Emergency contact details

Name:	
Telephone:	
Doctor:	
Telephone:	

Comment: Please inform us of any mobility, physical or mental health issues you have. Please note all information given is strictly confidential.

Tell us what you can do or can offer.

	I can offer this	I want this		I can offer this	I want this
Gardening			Moving & Lifting		
Minor DIY			Sewing		
Listening & Visiting			Knitting		
Shopping			Cooking		
Form filling & letter writing			Car Washing		
Household jobs (ironing, cleaning?)			Accompanying people to appointments		
Doing messages			Reading aloud		
Teaching/Learning e.g. languages, crafts, computers?					

If so, what?

Please tell us about any other skills that you would like to offer to/get from other Time Bank members.

Your Availability

	Morning	Afternoon	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Please tick any appropriate boxes to help us build up your profile

We need the following information to match people up for assignments, which are safe and suitable.

Please tick the boxes which apply to you:

- | | | | |
|--------------------------|--------------------------|----------------|--------------------------|
| Female | <input type="checkbox"/> | Male | <input type="checkbox"/> |
| Smoker | <input type="checkbox"/> | Smoke tolerant | <input type="checkbox"/> |
| Cat Owner | <input type="checkbox"/> | Cat Tolerant | <input type="checkbox"/> |
| Dog Owner | <input type="checkbox"/> | Dog Tolerant | <input type="checkbox"/> |
| Visually Impaired Person | <input type="checkbox"/> | Braille | <input type="checkbox"/> |
| Signing | <input type="checkbox"/> | | |

First Language _____

Other Languages _____

Accessibility

- I am a wheelchair user
- I cannot manage stairs/steps easily
- My accommodation has stairs
- My accommodation has elevator

Getting to assignments

- Public transport
- Stay at home
- Are you willing to use your own car?

Living group

- Live alone
- Live with others Please specify _____
- Are you a carer?

References

We want to ensure that as a Leith Time Bank member, you and your family are safe. So for everyone involved we take up references. Suitable referees should be someone who has known/worked with you for at least two years. A family member cannot be your referee.

1 st Reference	2 nd Reference
Name:	Name:
Address:	Address:
Phone no:	Phone no:
Email:	Email:
Relationship:	Relationship:

It is our standard practice to take up references to ensure the safety of, and verify the identity of, all participants. Under the Data Protection Act 1998, we have a legal duty to protect any personal information we collect from you. We will only use personal information you supply to us for the reason that you provided it for.

Police checked Y/N
(for working with vulnerable groups)

Willing to be police checked Y/N
(for working with vulnerable groups)

Please Print Full Name _____ **Date** _____

Signed _____

Please return form to:

Pilmeny Development Project, 19-21 Buchanan St, Leith, EH6 8SQ.

For further information: Senga Armstrong

Mary O' Connell

Anne Munro

Telephone: 0131 553 2559

Email Addresses: sengatimebank@btconnect.com

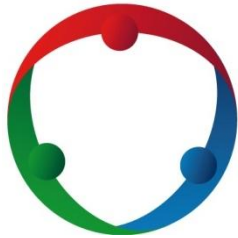
marytimebank@btconnect.com



Company limited by guarantee Number SC188129

Scottish Charity Number SC002549





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Standard of Care

As a member Time Bank I agree to:

1. Respect the other participants' privacy and confidentiality
2. Respect other participants' viewpoints, and to not pressure another participant to accept my religious beliefs or political views.
3. Not involve my friends or relatives in time bank activities by bringing them to a participant's home or venue of time exchange, unless agreed with the Time Bank as being part of a group activity.
4. Not ask for or accept money, gifts or tips from other participants.
5. Not eat or drink a participant's food and drink, unless invited to do so.
6. A no smoking policy is operated by Leith Time Bank. Please refrain from smoking during the exchange.
7. Not use any possessions of the participant, including the telephone, unless given clear permission to.
8. Always treat other participants respectfully.

The Time Bank will maintain a photographic record of the activities undertaken by participants. These may be used in our newsletter and for general publicity, including the Time Banks UK website. I give my permission for photos to be used for the Time Bank publicity.

Yes No

Please Print Full Name _____ **Date** _____

Signed _____



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