



Seafront Changing Places Membership Form



User Details

Name:

Address:

Post Code:

Email:

Telephone Number:

Signature

Signed on behalf of or by user

Date:

Primary Carer Details

Name:

Address (if different from above):

Post Code:

Email:

Telephone Number:

I confirm that I am appropriately trained to use all the equipment inside the Changing Places facility and that I have read, understood and hereby agree to abide by the guidelines.

Signature

Date:

Return to: Seafront Office, 6 Lower Grand Parade, Eastbourne, BN21 3AD. seafront@eastbourne.gov.uk

For Office use only:

Evidence of DLA/PIP/DL:

Carer Proof of ID:
 Driving Licence Passport Other _____

Key Fob Details:

User: _____ Fob Number: _____

Carer: _____ Fob Number: _____

Date Issued:

By Whom: