



CHILTERN OPEN AIR MUSEUM

Accompanied Walks 2022

Self-Registration Form

Please complete as many parts of this form as you can and return by email to outreach@coam.org.uk or post to Jacqui Gellman, Outreach, Chiltern Open Air Museum Newland Park, Gorelands Lane, Chalfont St Giles, Buckinghamshire HP8 4AB.

A member of the Museum's staff will contact you on receipt of this form to confirm arrangements for your accompanied walk, to discuss dates and transport options, and to answer any questions you may have.

Personal information will be treated with confidentiality and on a need-to-know basis. We will not forward personal details to any other organisation.

Thank you.

Please indicate which programme you are registering for:

- Accompanied Walks for Older People** (Wednesdays & Fridays, April - October)
- Accompanied Walks for Young Adults with Autism** (Tuesdays & Thursdays, April - May)

YOUR DETAILS:

Title: _____

First Name: _____ Surname: _____

Address: _____

Postcode: _____

Tel: _____

Email: _____

D.O.B: _____

GP Name: _____

GP Surgery: _____

Please comment on the following if you think relevant or useful for us to know.

Your mobility, e.g. do you use a wheelchair or walking aid?

Any medical information or history, e.g. to do with seizures, hearing, sight?



Do you have any food intolerances or allergies? Yes No

If yes, please provide details _____

Please provide some general information about yourself, e.g. likes/dislikes, interests and skills.

Please provide details for one to two other contacts or professionals involved in your well-being e.g. carer or family member. **One** of these people may accompany you at the Museum.

Contact 1

Title: _____ First Name: _____ Surname: _____

Relationship to you / Job Title: _____

Tel: _____

Email: _____

Would you like this person to accompany you at the Museum? Yes No

Contact 2

Title: _____ First Name: _____ Surname: _____

Relationship to you / Job Title: _____

Tel: _____

Email: _____

Would you like this person to accompany you at the Museum? Yes No

PLEASE TICK YOUR PREFERENCE:

a) I consent for the Museum to contact the above people involved in my well-being: Yes No

b) I consent to any recording/filming/photography for training purposes/presentations/
funding applications/ project reports/ publicity: Yes No

Your Name: _____

Signed: _____

Today's Date: _____