

# Meet'n'Match Membership Application Form

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Member ID

Have you applied to become a member of Meet'n'Match before?  Yes  No

Membership start date

Membership end date

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## **Section1: About You**

In order to fill in this application form we need to know quite a lot of personal things about you. This is so that we can try to find other people who like similar things to you.

First Name	<input type="text"/>
Second Name(s)	<input type="text"/>
Last Name	<input type="text"/>
I prefer to be called	<input type="text"/>
Address line 1	<input type="text"/>
Address line 2	<input type="text"/>
Postcode	<input type="text"/>
Landline number	<input type="text"/>
Mobile number	<input type="text"/>
Date of Birth	<input type="text"/>
My email address	<input type="text"/>

### **How far are you prepared to travel?**

- 5 miles?
- 10 miles?
- 20 miles?
- 30+ miles?

### **What means of transport will you use?**

- Train
- Bus
- Car
- Other (please specify below)

### **I was referred by:**

- Social Services
- Parent / Carer
- Self referral
- Other (please specify in the adjacent box)

**Section 1: About You**(continued)

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**Gender**                     Male     Female

**Marital Status**         Single    Married    Civil Partnership    Divorced    Widowed

**Do you smoke?**                                     Yes                     No

**Do you drink alcohol**                             Yes                     No

**Your Sexuality** (you may choose not to answer this question)

Straight (heterosexual)     Gay / Lesbian (homosexual)    Bisexual    Transgender

**Your Religion** (you may choose not to answer this question)

Christian    Jewish     Muslim    Hindu     Buddhist     Other    None

**Your ethnic origin** (you may choose not to answer this question)

White         Mixed Multiple ethnic         Asian / AsianBritish  
 Black/African/Caribbean/BlackBritish     Other

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**Contacting you.**

**Please let us know the best way to contact you about Meet'n'Match news and events.**

You may tick more than one box

Email     Telephone     Text     SupportProvider/Parents/Carers

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**Emergency Contacts.**

Emergency Contact 1:

Emergency Contact 2:

Name

Relationship

Home phone

Mobile phone

Email

**Section 1: About You**(continued)

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**Your Support needs**

Please select any of the following that you need support for:

- |                      |                              |                             |
|----------------------|------------------------------|-----------------------------|
| <b>Social events</b> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>Travel</b>        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>Finances</b>      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>Reading</b>       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>Writing</b>       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**If support is needed it will be provided by:**

- An organisation     Parents / Carers     Other

**Please give their details below**

Name

Address line 1

Address line 2

Post code

Phone number

Email

Please note that Meet'n'Match is not able to provide One to One support

Your mobility (please tick all that apply)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Fully Mobile            | <input type="checkbox"/> I can walk short distances | <input type="checkbox"/> Wheelchair User     |
| <input type="checkbox"/> Mobile with walking aid | <input type="checkbox"/> Difficulty with steps      | <input type="checkbox"/> I use a white stick |
| <input type="checkbox"/> Other                   |   |  |

Please list any other **mobility** issues in the box below

**Section 1: About You**(continued)

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**Medical information and health conditions**

Please tell us in the box below about any medical conditions or issues you have. Include details of any medication you are taking e.g for epilepsy

**Do you carry any emergency medication?**

Yes

No

**Do you have Epilepsy?**

Yes

No

**Tell us in the box below the best way to support you when you meet your match or attend an event?**

**Do you have difficulty swallowing food? Do you choke when swallowing?**

Yes

No

**Dietary requirements and allergies**

Please tell us, in the box below, about any special dietary issues or food allergies you may have

**My communication needs**

No issues

I am deaf

I have a hearing impairment

I don't read text

I cannot write

I use sign language

I cannot speak

I am blind

I am partially sighted

People will need to speak slowly

I use communication devices

I have trouble starting a conversation

I am unable to make eye contact

Other

Please tell us about any **communication** issues you may have in the box below

**Section 1: About You**(continued)

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**Do you have any criminal convictions?**

- Yes  No

If Yes, please provide details in the box below:

Please note: we are asking this question specifically because of our members' safety. If unsure how to answer please contact a member of Meet'n'Match

**Are you on the Sex Offenders register?**

- Yes  No

If Yes, please provide details in the box below:

**Details about me.**

We are asking these questions so that we can recognise you and are able to help match you to other people.

Please provide some details about yourself:

Your build  Large  Average  Small

Your height

Colour and length of hair

Do you have:  Tattoos  Piercings

Do you wear  Glasses  Contact lenses

Do you want to provide us with a photograph of yourself?  
You don't have to but if you do it will help us recognise you.

- Yes  No

If you do want to provide a photograph please stick it to the last page of this form (there is a space for it on the form)

**Section 1: About You**(continued)

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**Describe your personality.** Please tick all that apply.

- Sociable     Adventurous     Good sense of humour     Easy going
- Shy     Confident     Quiet     Independent
- Outgoing     Honest     Trustworthy

**Other things about me**

If you would like to, please add anything else about the type of person you are, the way you look etc in the box below:

## **Section 2: Likes and Dislikes**

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### **Interests**

Please tick a 'like', 'dislike' or 'don't mind' option in the boxes below.

- |                 |                               |                                  |                                     |
|-----------------|-------------------------------|----------------------------------|-------------------------------------|
| Animals         | <input type="checkbox"/> Like | <input type="checkbox"/> Dislike | <input type="checkbox"/> Don't mind |
| Travelling      | <input type="checkbox"/> Like | <input type="checkbox"/> Dislike | <input type="checkbox"/> Don't mind |
| Cooking/baking  | <input type="checkbox"/> Like | <input type="checkbox"/> Dislike | <input type="checkbox"/> Don't mind |
| Gardening       | <input type="checkbox"/> Like | <input type="checkbox"/> Dislike | <input type="checkbox"/> Don't mind |
| Reading         | <input type="checkbox"/> Like | <input type="checkbox"/> Dislike | <input type="checkbox"/> Don't mind |
| History/culture | <input type="checkbox"/> Like | <input type="checkbox"/> Dislike | <input type="checkbox"/> Don't mind |
| Singing         | <input type="checkbox"/> Like | <input type="checkbox"/> Dislike | <input type="checkbox"/> Don't mind |
| Shopping        | <input type="checkbox"/> Like | <input type="checkbox"/> Dislike | <input type="checkbox"/> Don't mind |
| Watching TV     | <input type="checkbox"/> Like | <input type="checkbox"/> Dislike | <input type="checkbox"/> Don't mind |
| Computer games  | <input type="checkbox"/> Like | <input type="checkbox"/> Dislike | <input type="checkbox"/> Don't mind |
| Walking         | <input type="checkbox"/> Like | <input type="checkbox"/> Dislike | <input type="checkbox"/> Don't mind |
| Cycling         | <input type="checkbox"/> Like | <input type="checkbox"/> Dislike | <input type="checkbox"/> Don't mind |
| Dancing         | <input type="checkbox"/> Like | <input type="checkbox"/> Dislike | <input type="checkbox"/> Don't mind |
| Keeping fit     | <input type="checkbox"/> Like | <input type="checkbox"/> Dislike | <input type="checkbox"/> Don't mind |
| Countryside     | <input type="checkbox"/> Like | <input type="checkbox"/> Dislike | <input type="checkbox"/> Don't mind |

**List any other interests you may have in the box below**

**Playing sports**                       Like     Dislike     Don't mind

Please list any sports you like playing in the box below

**Watching sport**                       Like     Dislike     Don't mind

Please list any sports you like watching in the box below

## **Section 2: Likes and Dislikes** (continued)

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### **Music**

Please tick a **Like**, **Dislike** or **Don't mind** option in the boxes below.

- |             |                               |                                  |                                     |
|-------------|-------------------------------|----------------------------------|-------------------------------------|
| Jazz        | <input type="checkbox"/> Like | <input type="checkbox"/> Dislike | <input type="checkbox"/> Don't mind |
| Rock        | <input type="checkbox"/> Like | <input type="checkbox"/> Dislike | <input type="checkbox"/> Don't mind |
| Heavy Metal | <input type="checkbox"/> Like | <input type="checkbox"/> Dislike | <input type="checkbox"/> Don't mind |
| Classical   | <input type="checkbox"/> Like | <input type="checkbox"/> Dislike | <input type="checkbox"/> Don't mind |
| Pop         | <input type="checkbox"/> Like | <input type="checkbox"/> Dislike | <input type="checkbox"/> Don't mind |
| Dance       | <input type="checkbox"/> Like | <input type="checkbox"/> Dislike | <input type="checkbox"/> Don't mind |

If you wish, add any other information about your **music** likes and dislikes in the box below:

### **Social activities**

Please tick a **Like**, **Dislike** or **Don't mind** option in the boxes below.

- |                  |                               |                                  |                                     |
|------------------|-------------------------------|----------------------------------|-------------------------------------|
| Concerts         | <input type="checkbox"/> Like | <input type="checkbox"/> Dislike | <input type="checkbox"/> Don't mind |
| Bowling          | <input type="checkbox"/> Like | <input type="checkbox"/> Dislike | <input type="checkbox"/> Don't mind |
| Cinema           | <input type="checkbox"/> Like | <input type="checkbox"/> Dislike | <input type="checkbox"/> Don't mind |
| Eating out       | <input type="checkbox"/> Like | <input type="checkbox"/> Dislike | <input type="checkbox"/> Don't mind |
| Night Clubs      | <input type="checkbox"/> Like | <input type="checkbox"/> Dislike | <input type="checkbox"/> Don't mind |
| Camping          | <input type="checkbox"/> Like | <input type="checkbox"/> Dislike | <input type="checkbox"/> Don't mind |
| Going to the pub | <input type="checkbox"/> Like | <input type="checkbox"/> Dislike | <input type="checkbox"/> Don't mind |
| Theatre          | <input type="checkbox"/> Like | <input type="checkbox"/> Dislike | <input type="checkbox"/> Don't mind |

If you wish, add any other information about **Social activities** likes and dislikes in the box below:

### **Situations**

Please tick a **Like**, **Dislike** or **Don't mind** option in the boxes below.

- |                          |                               |                                  |                                     |
|--------------------------|-------------------------------|----------------------------------|-------------------------------------|
| Crowded places           | <input type="checkbox"/> Like | <input type="checkbox"/> Dislike | <input type="checkbox"/> Don't mind |
| Dark nights              | <input type="checkbox"/> Like | <input type="checkbox"/> Dislike | <input type="checkbox"/> Don't mind |
| Animals                  | <input type="checkbox"/> Like | <input type="checkbox"/> Dislike | <input type="checkbox"/> Don't mind |
| My own space             | <input type="checkbox"/> Like | <input type="checkbox"/> Dislike | <input type="checkbox"/> Don't mind |
| Loud places/people/music | <input type="checkbox"/> Like | <input type="checkbox"/> Dislike | <input type="checkbox"/> Don't mind |
| Early mornings           | <input type="checkbox"/> Like | <input type="checkbox"/> Dislike | <input type="checkbox"/> Don't mind |
| Late nights              | <input type="checkbox"/> Like | <input type="checkbox"/> Dislike | <input type="checkbox"/> Don't mind |
| People who smoke         | <input type="checkbox"/> Like | <input type="checkbox"/> Dislike | <input type="checkbox"/> Don't mind |

If you wish, add any other information about **Situation** likes and dislikes in the box below:



**Section 2: Likes and Dislikes** (continued)

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**When do you prefer to socialise?**

- Daytime       Evening       Don't mind

**What would you like to do on your first Meet'n'Match activity?**

- Bowling       Visit a garden or a park       Pub       Sightseeing  
 Go for a walk       Cinema       Go to a cafe  
 Have a picnic       Visit a museum

If you wish, list any other things you'd like to do on your **first event** in the box below:

**What activities or events would you be interested in meeting friends at?**

- Speed dating     Bowling       Cinema       Concerts  
 Football       Restaurants     Pub       Theatre  
 Jazz night       Day trips       Horse riding     Paintballing  
 Beer tasting     Wine tasting     Disco       Arts and Crafts  
 I will try anything new

If you wish, list any other **activities or events** you'd like to meet friends at in the box below:

**Section 3: I am looking for:**

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**Are you looking for a Match?**     Yes

**Would you like**     A Girlfriend  A Boyfriend;  Friends (go to section B below)

**What type of relationship are you looking for?**

- Casual     Sexual     Long term     Marriage     Having children

**What age range should your partner be?** Tick as many boxes as you wish

- 18 - 20     21 - 30     31 - 40     41 - 50     51 - 60     60+

**What type of person are you looking for?** Tick as many boxes as you wish

- Adventurous     Sociable     Good sense of humour     Kind  
 Easy going     Shy     Trustworthy     Quiet  
 Honest     Independent     Outgoing     Confident

**Describe how they should look**

- Build**     Large     Average     Slim     Don't mind  
**Height**     Tall     Average     Short     Don't mind  
**Other**     Tattoos     Piercings     Glasses or lenses

**Hair colour**

**Hair length**

**Other things you'd like in a partner**

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**Section B: Looking for friends**

**Please tick the gender of friends you would like**     Male  Female     Both

**Things you'd like in a friend**

## Section 4: References

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**Please give details of two people who would be happy to give you a reference.**

At least one reference should be a professional reference from someone such as your support worker, advocate or social worker who has known you for at least 6 months.

The other reference can be a personal reference from a friend or acquaintance (but not a relative) who has known you for at least 6 months.

If you are not sure who to ask for a reference or are struggling to obtain one please contact Meet'n'Match for help.

### Reference 1:

Name	
Relationship / job title	
Address line 1	
Address line 2	
Address line 3	
Postcode	
Landline number	
Mobile number	
Email	

### Reference 2:

Name	
Relationship / job title	
Address line 1	
Address line 2	
Address line 3	
Postcode	
Landline number	
Mobile number	
Email	

**Section 5: Training.**

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**Are you interested in having training to help you with relationships?**  Yes

**If yes, which of the following training courses would you be interested in?**

Dating  Yes

Friendships  Yes

Staying Safe  Yes

Sexual Relationships  Yes

**Section 6: Declaration.**

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**I confirm that all of the information on this form is correct to the best of my knowledge.**

I agree to the information provided being shared with Meet'n'Match staff and volunteers.

- Please note that the information in this form will remain confidential and will not be shared with anyone else.
- Meet'n'Match cannot guarantee to arrange a date or friendship.

Signed (member)  Date

If someone has helped you to complete this form they should sign here. Otherwise leave blank.

Signed (Supporter)  Date

Job title

**From where did you get this application form?**

- Website
- Meet'n'Match Coordinator
- Other

**If 'other', please specify in the box below:**

If you have supplied a photograph of yourself please attach it to the box below

Please attach your photograph here

**Section 7: Membership payment:**

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Membership Payment received  Yes

Membership Payment received date

The completed application form should be returned to one of the following:

**North Lancashire**

Lizzie Smart  
MeetnMatch  
2 Headroomgate Rd  
St Annes  
FY8 3BD

Telephone: 07921 600373

Email: Lsmart@ormerodtrust.org.uk

**Central and East Lancashire**

Lucy Hamlin  
MeetnMatch  
2 Headroomgate Rd  
St Annes  
FY8 3BD

Telephone: 07762 964728

Email: Lhamlin@ormerodtrust.org.uk

**North Lancashire**

Rachel Lambert  
MeetnMatch  
2 Headroomgate Rd  
St Annes  
FY8 3BD

Telephone: 07749 390790

Email: Rlambert@ormerodtrust.org.uk