

# MAKE DO AND MEND

## Member Support Agreement

We recognise that there are times when we could all do with a little extra support. We want to make sure that we help you to stay safe and well. This form and the details you provide will only be used with your permission, to seek further support for you, should you become unwell.

The information you provide is confidential and will only be accessed, on a need to know basis, if there is a definite need to contact professional help. Consent will always be sought but we do have a duty of care towards you to report any instances of abuse that you tell us about.

### The Agreement

In the event of Make, Do and Mend needing to contact professional help on my behalf; I would prefer the following people to be contacted and the following information to be given out (please fill in all required fields):

<b>Family member or close friend:</b>	
Address:	
Postcode:	
Telephone:	
<b>GP:</b>	
Address:	
Postcode:	
Telephone:	
<b>Care coordinator:</b>	
Address:	
Postcode:	
Telephone:	

**I would also like the following information to be given to whoever is contacted. E.g. medication, details of other medical conditions, your preferred treatment plan.**

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<b>Signed:</b>		<b>Date:</b>	
<b>Print name:</b>		<b>D.O.B:</b>	

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