

**New Member Application form - Sandgate and Districts Men’s Shed (SDMS)**

First Name ............................... Surname ............................................... Date of Birth ……………...

Home Address .................................................................................... Email: .......................................................

Home phone number........................................... Mobile phone number .....................................

**Next of Kin** to be informed in case of emergency: Name ............................................. Ph ..............................

**Medical Conditions.** Do you have any medical conditions which may impact on your safety or the safety of other members when operating powered and non-powered equipment? If YES, please provide details on the attachment “Medical Conditions”.

**I acknowledge that when completing this form, I was advised of and agree with the following:**

1. I will act in a way that supports the culture and behaviours that the Sandgate and Districts Men’s Shed aims to maintain
2. I understand how the Shed is run and how I can get involved in activities
3. I understand the workplace health and safety arrangements at the Shed
4. I meet QH Metro North’s double vaccination requirements
5. I will participate in fire, emergency and safety training as and when required
6. It is my responsibility to arrange for safety instruction on any machine I wish to use. I will not use any machinery in the Shed until I have undergone instruction and been given approval to use it.
7. I understand that if I sustain an injury requiring medical treatment while attending the Shed or an approved Community Event, any out of pocket expenses not covered by Medicare, Private Health or the Shed’s Insurance are my own responsibility and will not be reimbursed by the Shed.
8. Smoking or consuming alcohol or recreational drugs is not permitted at the Shed or the adjacent grounds of the Brighton Health Campus.
9. A member may not use the shed resources to manufacture products to sell for personal financial gain.
10. To wear Personal Protection Equipment when operating machinery inside the shed.

11.

**Applicant’s Signature** ……....………........…... **Shed’s Inducting Officer**: ................................... **Date……..** **Joining fee 2022\***

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Month** | **Jan** | **Feb** | **Mar** | **Apr** | **May** | **Jun** | **Jul** | **Aug** | **Sept** | **Oct** | **Nov** | **Dec** |
| Membership fee | 75 | 70 | 60 | 55 | 50 | 45 | 35 | 30 | 25 | 20 | 10 | 5 |
| Clothing fee | 45 | 45 | 45 | 45 | 45 | 45 | 45 | 45 | 45 | 45 | 45 | 45 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Total Joining fee** | **120** | **115** | **105** | **100** | **95** | **90** | **80** | **75** | **70** | **65** | **55** | **50** |

**Amount paid**: ........... **Circle** **the** p**ayment method used** > Card Cash EFT **Date paid**: .......................

\*The joining fee paid by new members has two components. A membership fee component that takes you through to the end of the year (31 December), and a clothing component that gives you a Shed shirt and hat / cap and PPE kit. The membership component depends on the month in which you join and is calculated at a pro rata amount of the full year membership fee. The clothing component is fixed no matter when you join as you keep the shirt, hat and PPE.

**New member’s selection of a shirt plus a hat or cap:**

Shirt type: .................................................... Size: ........... Qty ........ Hat or Cap ...........

**Proposer’s signature**: ............................................... **Seconder’s signature:** ....................................

**Medical Conditions**

**Please consider any health conditions or other factors that might influence your capacity to use equipment**

Could you please list below any health conditions you have or medications you take that may affect your capacity to safely operate powered and / or non-powered tools and equipment. **Please Note:** An honest response may not necessarily restrict what you can or cannot do but will improve safety.

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**Applicant’s signature\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date\_**\_\_\_\_\_\_\_\_

 

**COMPETENCY ASSESSMENT**

Dear Doctor,

Mr has applied for membership to the Sandgate and Districts Men’s Shed. On his application form Mr has stated that he has certain health conditions and /or takes medication that may affect his ability to safely operate some items of equipment and machinery used at the Men’s Shed. It would be appreciated if you would indicate by initial, which machines listed below you feel Mr could operate safely after being shown how to correctly use them.

Thank you for your assistance.

Secretary

Sandgate and Districts Men’s Shed

|  |  |  |  |
| --- | --- | --- | --- |
| Equipment | Risk  | Operator requirements | Dr’s initial  |
| Bench Circular Saw  | High | Apply procedure, High concentration, Quick reactions |  |
| Slide Compound saw | High  | Apply procedure, High concentration, Quick reactions. |  |
| Jointer Planer  | High | Apply procedure, High concentration, Quick reactions. |  |
| Bench and Hand Routers | High | Apply procedure, High concentration, Quick reactions. |  |
| Band Saw | Medium | Apply procedure, Medium concentration, Quick reactions. |  |
| Belt/Disc Sander  | Medium | Eye hand coordination, Medium concentration, quick reaction  |  |
| Wood lathe | Medium | Adhere to procedure, Medium concentration & reaction |  |
| Thicknesser | Medium | Apply procedure, medium concentration & reaction  |  |
| Drill Press | Medium | Eye hand coordination, Medium concentration, quick reaction  |  |



Dr \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_



**RELEASE AND WAIVER OF LIABILITY**

I.........................................................................................................(insert full name)

In consideration of my application to join the Sandgate and Districts Men’s Shed (SDMS) and permitting me to participate in its activities, agree on behalf of myself, my executors, my administrators, successors and assigns as follows;

1. I hereby waive, release and discharge from all and any liability including but not limited to liability arising from the negligence or fault of the SDMS, its committee members, general members or volunteers and others who give recommendations, directions or instructions or engage in risk evaluation, training or control activities of the SDMS and each of them, their directors, officers, agents and employees from all liability including from my death, disability, personal injury, property damage, theft or actions of any kind which may hereafter occur to me as a result of any SDMS activity, including my travelling to and from the SDMS.

2. I indemnify and hold harmless and covenant not to sue the SDMS and other releases described in the preceding paragraph from any and all liabilities or claims made as a result of any participation in the activities of SDMS and agree that this waiver and release may be pleaded in the bar to any action which I might otherwise bring in ant court of law; and

3. I confirm having read and understood the contents of this disclaimer.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

**Checklist for Inducting Officer who is providing the introduction to the Shed**

**1. Understanding the prospective member’s interest in the Shed**

**How did they hear about the Shed?** ...................................................................................................................

**What would they like to get from the Shed?** (eg, Companionship, Learn new skills, other things)..............................................................................................................................................................................................................................................................................................................................................................

................................................................................................................................................................................

**Do they have particular training, experience or skills** they are willing to share and which might be utilised at the Shed? ...............................................................................................................................................................................

...............................................................................................................................................................................

2. **What the prospective member needs to know about the Shed before they join**

*This checklist is a summary of the matters detailed in the New members Induction Process guide.*

|  |  |
| --- | --- |
| **Item** | **✔** |
| The requirement to provide a digital Covid certificate and /or other QH Metro North requirements |  |
| What the Shed aims to provide, its culture and expected standards of behaviour |  |
| The types of activities the Shed offers to members |  |
| How new members can get involved in activities |  |
| Shed facilities – include a walkthrough of common room and workshops |  |
| Shed opening hours |  |
| The process for new members to get approval to use equipment |  |
| How the Shed is managed and how members can provide advice / ideas  |  |
| The expectation that members contribute to the operation of the Shed |  |
| Workplace Health and Safety – the Shed and each member’s responsibilities  |  |
| No smoking policy |  |
| Fire evacuation and exits |  |
| It is the new members personal responsibil |  |

**Checklist for Shed Secretary**

**Once the member has been proposed / seconded and has paid their joining fee the application goes to the Secretary for action.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Actions** | **✔** |  | **Actions** | **✔** |
| Add Membership application to Mgmt Ctte agenda for approval |  |  | Add name to daily attendance sheet |  |
| Enter member on the Membership Excel database |  |  | Make ID card |  |
| Update members’ Contact list |  |  | Order clothing |  |
| Include new member on Google email list |  |  | Make up a file to retain member’s information |  |
| Update BBQ / Markets teams’ list |  |  |  |  |