**Stockport Safe Place Scheme Registration Form**

To join the Stockport MBC Safe Place Scheme please read the terms and conditions (at the end of this form). If you are happy and able to commit to these, then please complete and sign this registration form.

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| **Your Organisation / Business:** | | | |
| Name |  | | |
| Nature of your business (what do you do?) |  | | |
|  | | | |
| **Organisation Contact Details:** | | | |
| Name and Position of responsible person |  | | |
| Phone |  | | |
| Email |  | | |
| Website |  | | |
| Postal Address |  | | |
| What are your normal opening hours? |  | | |
|  | | | |
| **Publicity:** | | | |
| We will raise awareness of the Safe Places Scheme through publicity, presentations, newsletters and social media. Please indicate below whether you agree to your organisations name and/or logo being included for this purpose.  If you are happy to do so, please provide links to your organisation’s social media profiles and a high resolution copy of your organisation’s logo (if you have them) by email to  [jennifer.neville@futuredirectionscic.co.uk](mailto:jennifer.neville@futuredirectionscic.co.uk) | | | |
| Yes, please include our  organisations name |  | No, please do not include our organisations name |  |
| Yes, please include our organisations logo |  | No, please do not include our organisations logo |  |

|  |  |
| --- | --- |
| How many window stickers would you like? |  |
| How many welcome packs would you like? (if you have more than one entrance / reception area you may want one per area) |  |

**Terms and Conditions**

To become a Safe Place there are some essential basic points we need to agree on:

• You must be open to the public and have appropriate public liability insurance.

• You must be accessible for people with disabilities.

As a minimum you agree to:

• Provide a safe and supportive environment.

• Contact the appropriate emergency services immediately if the vulnerable person has been a victim of crime or needs urgent medical assistance.

• Contact one of the people named on the back of the Safe Places Card, if necessary.

• Allow the person to wait on the premises until the named person (or police/ambulance) arrives or until they feel safe to leave.

• Keep your staff familiarised with the scheme so that they know what to do if a vulnerable person requires support.

• Display the Safe Places sticker in your premises so that it is easily visible to anyone using the Safe Places Scheme.

• Complete an incident form for each person who uses your premise as a Safe Place.

• Notify Future Directions if there are any changes to opening hours so that these can be updated on the website and app.

• Notify Future Directions if you wish to withdraw from the scheme.

By joining the Safe Place Scheme you allow the name, address and contact details of the organisation / business to be included in the Safe Place Register, which will be published online where members of the public may access.

**Please return your completed form to:**

**Jenny Neville,**

**Future Directions, Marle House,**

**Broadway Business Park,**

**Broadgate, Chadderton,**

**OL9 9XA**

**or email:** [**jennifer.neville@futuredirectionscic.co.uk**](mailto:jennifer.neville@futuredirectionscic.co.uk)

Once in receipt of this registration form, we will contact you to progress your application further and will arrange a visit to check the premises and provide a welcome pack.