

Membership Application Form

Name

Address

Home phone:

Mobile:

Email

Postcode:

Areas of Interest

Please state e.g. primary education, respite, transition

I would like to be involved by Receiving regular information	Attending one off workshops	
Taking part in consultations Attending regular meetings	Sharing my experience	

- Expenses for travel and childcare can be claimed in accordance with our financial policy
- Training for parent carers to take part confidently will also be available

We welcome suggestions that would make it possible for more parent carers to be involved.

Using Your Information

We never share your information with third parties.

Members can receive regular newsletters and invitations to events that bring parents, carers, children and young people together. We would like to contact you from time to time with information about services, newsletters and involvement opportunities. Please indicate if you would like to be on our email or text lists.

Email Text

Confidentiality

Thank you for completing this form. Any information used to help us contribute to the planning and provision of services in Warrington will be anonymised to make sure that individuals cannot be recognised. Your details will not be shared with any other agency and will be processed in accordance with the Data Protection act 1988. You can have your details removed at any time by contacting the Secretary at the address below.

Please sign below to apply to join us.

PRINT NAME.....

SIGNED

DATE

Please return your completed form to:

Parent Participation Development Officer Warrington Parents & Carers Forum c/o Warrington Play & Sensory Centre Hall Road Warrington WA1 4PB

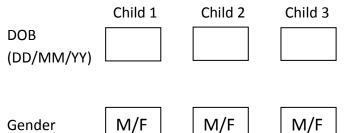
Or by email to warrpac@gmail.com

We look forward to meeting you.

Part 2: Monitoring information

The information we are collecting on your child's issues is purely to inform our plans to make sure our events are relevant to our membership. We collect this information so that we can demonstrate that we represent a diverse group of parent carers. It will also help us to notice if there are any groups of parents which, for some reason, we are not reaching and enable us to take action to remedy this. The information will be aggregated so that individuals are not identifiable.

About your child(ren):



Nature of child's disability / additional need - please tick all that apply

	Child 1	Child 2	Child 3
Developmental delay			
Physical/mobility Disability			
Moderate Learning Difficulty			
Severe Learning Difficulty			
Hearing Impairment			
Visual Impairment			
Communication Difficulties			
Behavioural Difficulties			
Autistic Spectrum Condition			
Long term chronic condition			
None			

School/College Attendance - please tick all that apply

	Child 1	Child 2	Child 3
Mainstream Pre-school			
Special pre-school			
Mainstream Primary			
Special Primary			
Mainstream Secondary			
Special Secondary			
Mainstream Post-16			
Special Post-16			
Residential Special			
Educated Otherwise than in school			
None			
Is the school an Academy or Freeschool? Y/N			

Services you currently access

Please tell us about any services you currently access, for example residential respite or carers budget

Your ethnic background

White	British Irish Other
Black or Black British	AfricanCaribbeanOther Black background
Asian or Asian British	 Bangladeshi Chinese Indian Pakistani Other Asian background
Mixed	
Any other ethnic group	

Thank you very much for filling in this form.