



Membership Application Form

Name

Address

Postcode:

Home phone:

Mobile:

Email

Areas of Interest

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

I would like to be involved by

Receiving regular information

Taking part in consultations

Attending regular meetings

Attending one off workshops

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.

Warrington Parent Carer Forum Membership Application Form

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):

	Child 1	Child 2	Child 3
DOB (DD/MM/YY)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender	<input type="text" value="M/F"/>	<input type="text" value="M/F"/>	<input type="text" value="M/F"/>

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

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

School/College Attendance - please tick all that apply

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

Services you currently access

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

Your ethnic background

White	<input type="checkbox"/>	British
	<input type="checkbox"/>	Irish
	<input type="checkbox"/>	Other
Black or Black British	<input type="checkbox"/>	African
	<input type="checkbox"/>	Caribbean
	<input type="checkbox"/>	Other Black background
Asian or Asian British	<input type="checkbox"/>	Bangladeshi
	<input type="checkbox"/>	Chinese
	<input type="checkbox"/>	Indian
	<input type="checkbox"/>	Pakistani
	<input type="checkbox"/>	Other Asian background
Mixed	<input type="checkbox"/>	
Any other ethnic group	<input type="checkbox"/>

Thank you very much for filling in this form.