



Membership
No:

MEMBERSHIP APPLICATION FORM

Parent/Carer details

Title: Forename: Surname:

Address:

Postcode:

Telephone: (home) (work) (mobile)

Email address:

Age Group 18-35 36-50 51-65 66-79 Over 80

How did you hear about us?

Child details

Forename: Surname:

Date of Birth:

Additional needs of your child

Siblings

Name:

Date of birth:

Any additional needs

Name:

Date of birth:

Any additional needs

Name:

Date of birth:

Any additional needs

Name:

Date of birth:

Any additional needs

RPCAG monitors all our users to help us promote equality of access. Please tick the appropriate box to indicate your ethnic background.

A Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Other Asian background

please specify

B Black or Black British

- Caribbean
- African
- Other Black background

please specify

C White

- British
- Irish
- Other White background

please specify

D Mixed

- White & Black African
- White & Black Caribbean
- White & Asian
- Other Mixed background

please specify

E Chinese or other ethnic group

- Chinese
- Any other ethnic group

please specify

Ethnic background of your child with additional needs if different from your own:

As part of the Government's Aiming High for Disabled Children the Parents of the Borough of Richmond upon Thames have set up the Richmond Parents Carers Action Group. The group's aim is to develop parent participation with local authority, PCT, Social Services and Education. We are supported by Contact a Family and Me Too and Co.

In order to be effective we need as many parents of children with additional needs as possible to join our database; the more participants we can get on board, the more influence we will have on policies and issues affecting our children within the borough!

Please could you let us know of any issues that are affecting you and you child at the moment that we may be able to help you with...

Are you happy with email contact?

YES **NO**

If 'No', please specify preferred means of contact:

Would you be happy for photographs of you and your children to be used in publicity material?

YES **NO**

To ensure we comply with the Data Protection Act 1984, please sign and date this form to confirm that you agree to this information being held on our database.

Signature _____ **Date** _____