



Membership Form

Parent / Carer Details

Title:

Name:

Address:

Postcode:

Telephone Number:

Mobile Number (*Optional*):

E-mail Address:

(We need this to send out the monthly e-bulletin)

Please tell us of your relationship to the child with additional needs e.g. mum, dad, aunt, grandmother, stepdad etc:

Child with Additional Needs

Child's Name:

Date of Birth (*dd/mm/yyyy*):

School attending:

Please could you describe the nature of any difficulties for your child or diagnosis if this has been given? *(Please continue on the back if you require more space or have more than one disabled child)*

Please tell us about anything you would like us to know about your child or

family?

Please tick the box below if you would like to be involved with YPCF in any of the following ways:

Activity	Tick
Attending meetings with the local authority or health to put forward parent/carers views (training will be given if you need it).	
Helping to organise social events for families e.g. refreshments, raffle, booking room, organising transport.	
Fundraising for YPCF.	
Meeting other parents/carers in your area and helping them to get involved with YPCF.	

If you have any other ideas about how you could help YPCF please say:

Please tell us how you heard about YPCF? from other parents?

Do you belong to any other community or parent/carer groups, if so which?

YPCF communicates with members in a number of ways, the regular newsletter, e-mail, facebook and twitter. We are reviewing the way we

communicate with members – would you therefore please indicate your preferred method of communication:

a) Newsletter

b) E-mail

c) Facebook

d) Twitter

e) All

f) Combination

(please indicate preferences)

York Parent Carer Forum complies with the Data Protection Act (1998). By signing this membership form you are agreeing that York Parent Carer Forum will hold your information in line with its Data Protection policy. We will not share the information you provide with anyone else without your consent. For a full copy of our data protection policy visit our website www.yorkparentcarerforum.org.uk

Signed: _____

Print Name:

Date:

Monitoring Information

YPCF aims to be an equal opportunities organisation. We want to encourage parents and carers from all sections of the community to get involved. To help us to do this we ask all members to provide this information. It is completely confidential and is not shared with anyone else.

If there are any questions you do not wish to answer please tick the “prefer not to say” box.

Carer: What is your ethnic group?

A White

- 1 British
3 White Other
5 Irish Traveller

- 2 Irish
4 Roma / Gypsy
6 Other: please state

B Mixed

- 7 White and Black Caribbean
9 White and Asian

- 8 White and Black African
10 Any other mixed background:
-

C Asian or Asian British

- 11 Indian
13 Bangladeshi

- 12 Pakistani
14 Any other Asian background
-

D Black or Black British

- 15 Caribbean
17 Any other Black background:
-

- 16 African

E Chinese or other ethnic group

- 18 Chinese

- 19 Any other:

- 20 Prefer not to say

What is your age? (tick one box only)

<input type="checkbox"/> 16-24	<input type="checkbox"/> 25-34	<input type="checkbox"/> 35-44	<input type="checkbox"/> 45-54	<input type="checkbox"/> 55-59
<input type="checkbox"/> 60-64	<input type="checkbox"/> 65-74	<input type="checkbox"/> 75-84	<input type="checkbox"/> 85+	<input type="checkbox"/> Prefer not to say

What is your gender? (tick one box only)

<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Transgendered male
<input type="checkbox"/> Transgendered female	<input type="checkbox"/> Prefer not to say	

Are you a disabled person? (tick one box only)

The Disability Discrimination Act 1995 (DDA) defines a person as disabled if they have a mental or physical impairment, which has a substantial and long-term (i.e. has lasted or is expected to last at least 12 months) and has an adverse effect on their ability to carry out normal day-to-day activities.

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say
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Thank you.