

SIGNAL Family Membership Form

Your name

Partner's name*

*Name of your partner and/or other parent of your child/children

Address, including postcode:

Phone

Date

Email (Please print clearly)

Information about ALL your children:

First Name(s)	Surname	Date of Birth	Boy	Girl	Tick if autism spectrum

How did you hear about SIGNAL Family Support?

Membership normally costs £20 per family per year (or a concessionary rate of £10 – please request details of eligibility). However, due to most of our activities being suspended due to covid-19 restrictions, we are currently waiving this fee.

Donations are always welcome though and can be made via our localgiving page

www.localgiving.org/charity/signal/ or directly to:

SIGNAL Family Support, The Co-operative Bank, sort code 08-92-99, account 65476132

To apply to join, please complete details as requested on this form and email it to:

admin@signalfamilysupport.org

For the purposes of returning anonymised statistics to our funders, please tick one numbered group below using the right-hand box, thank you.

<input type="checkbox"/>	Black or Black British	<input type="checkbox"/>	8	Vietnamese	<input type="checkbox"/>
<input type="checkbox"/>	1 African	<input type="checkbox"/>	9	Bangladeshi	<input type="checkbox"/>
<input type="checkbox"/>	2 Caribbean	<input type="checkbox"/>	10	Other	<input type="checkbox"/>
<input type="checkbox"/>	3 Other	<input type="checkbox"/>	<input type="checkbox"/>	White	<input type="checkbox"/>
<input type="checkbox"/>	Asian or Asian British	<input type="checkbox"/>	11	British	<input type="checkbox"/>
<input type="checkbox"/>	4 Indian	<input type="checkbox"/>	12	Irish	<input type="checkbox"/>
<input type="checkbox"/>	5 Pakistani	<input type="checkbox"/>	13	Other	<input type="checkbox"/>
<input type="checkbox"/>	6 Chinese	<input type="checkbox"/>	14	Other ethnicity, pls specify:	<input type="checkbox"/>
<input type="checkbox"/>	7 Turkish Cypriot	<input type="checkbox"/>	15	Mixed ethnicity, pls specify:	<input type="checkbox"/>

To target information sharing and enhance networking between families, it would be very helpful if you would please complete the following sections:

Diagnosis:

For your ASD child or children, please tick one or more of the following boxes:

<input type="checkbox"/>	Autism Spectrum Condition/Disorder
<input type="checkbox"/>	ADD/ADHD
<input type="checkbox"/>	Other* <input style="width: 700px; height: 25px;" type="text"/>

*Please specify, or state if no specific diagnosis. This will not affect your membership

Education:

For your ASD child or children, please tick one or more of the following boxes and give NAME of school/college where appropriate:

Please tick:	Type of education	Name of school, if applicable:
<input type="checkbox"/>	At mainstream school:	<input type="text"/>
<input type="checkbox"/>	At special school:	<input type="text"/>
<input type="checkbox"/>	Education out of school	<input type="text"/>
<input type="checkbox"/>	At college:	<input type="text"/>
<input type="checkbox"/>	Working	<input type="text"/>
<input type="checkbox"/>	Other	<input type="text"/>

Signed:

By signing this form, you are providing consent for us to keep your details on our secure membership database as per our Privacy Notice. You will be sent and asked to read a copy of the Privacy Notice as part of the joining process; it is also available to read on our website – www.signalfamilysupport.org