

# Membership Form

In accordance with GDPR, individual data collected will only be accessed by Angels Support Group DBS checked staff and will not be passed onto any third party or published publicly with any details which could potentially identify a family. The information will be used solely to compile statistics to enable us to obtain further funding, to complete monitoring for current funding and to ensure our services continue to meet the needs of our members.

**I consent to Angels holding my data for these purposes**

**Surname of Parent:** \_\_\_\_\_

**First Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_ **Post Code:** \_\_\_\_\_

**Tel:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Do you consider yourself to have a disability? Yes/ No**  
**Please give details**

**I consent to Angels contacting me by telephone or text** **YES / NO**

**I consent to Angels contacting me by email** **YES / NO**

We send most of our information to you by email. If you have selected that you don't want to receive emails from us, we just want to check how you would like to hear from us. For cost reasons we can't send all the emails out to you by post but we can send the termly programme, details of holiday activities and other important information relating to your membership of Angels if you would like us to.

**I consent to Angels sending me information by post** **YES / NO**

**Surname of Child:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**Male / Female** **Date of Birth:** \_\_\_\_\_

**Diagnosis: Please tick**

<b>ASD</b>		<b>Awaiting ASD</b>	
<b>ADHD</b>		<b>Awaiting ADHD</b>	
<b>ASD &amp; ADHD</b>		<b>Awaiting ASD &amp; ADHD</b>	

**Any other Diagnoses:**

\_\_\_\_\_

\_\_\_\_\_

**GP Surgery:** \_\_\_\_\_ **School:** \_\_\_\_\_

Continued on other side.....

**Please give details of any other children in the family as they are welcome to attend any events that Angels run.**

<b>Sibling One:</b>		
Surname: _____	First Name: _____	<b>Male / Female</b>
Date of Birth: _____	Details of any special needs: _____	
School: _____ (if different from above)		
<b>Sibling Two:</b>		
Surname: _____	First Name: _____	<b>Male / Female</b>
Date of Birth: _____	Details of any special needs: _____	
School: _____ (if different from above)		
<b>Sibling Three:</b>		
Surname: _____	First Name: _____	<b>Male / Female</b>
Date of Birth: _____	Details of any special needs: _____	
School: _____ (if different from above)		
<b>Sibling Four:</b>		
Surname: _____	First Name: _____	<b>Male / Female</b>
Date of Birth: _____	Details of any special needs: _____	
School: _____ (if different from above)		

**Ethnic Background** (Please tick which box appears to yourself)

**White:**

**Mixed:**

<b>British</b>		<b>White &amp; Black Caribbean</b>	
<b>Irish</b>		<b>White &amp; Black African</b>	
<b>Italian</b>		<b>White &amp; Asian</b>	
<b>Turkish</b>		<b>Other Mixed Background</b>	
<b>Traveller</b>			
<b>Gypsy/Roma</b>			
<b>Other White Background</b>			

**Asian or Asian British:**

**Black or Black British:**

<b>Chinese</b>		<b>Caribbean</b>	
<b>Indian</b>		<b>African</b>	
<b>Pakistani</b>		<b>Other Black/African/Caribbean</b>	
<b>Bangladeshi</b>			
<b>Other Asian Background</b>			

<b>Arab</b>		
<b>Other Ethnic Group</b>		
<b>Do not wish ethnic group to be recorded</b>		

**Please tell us how you heard about Angels:**

\_\_\_\_\_

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Return to:** - Angels Support Group, Pixmore Business Centre, Birds Hill, Letchworth, Hertfordshire SG6 1JG