



For parents/carers of children with  
ADHD and/or an Autistic Spectrum Disorder

## Membership Form

- In accordance with the Data Protection Act individual data collected will only be accessed by Angels Support Group CRB 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.

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

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

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

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

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

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

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

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

**Male / Female**

**Date of Birth:** \_\_\_\_\_

**Diagnosis: Please tick**

|                       |                          |                                |                          |
|-----------------------|--------------------------|--------------------------------|--------------------------|
| <b>ASD</b>            | <input type="checkbox"/> | <b>Awaiting ASD</b>            | <input type="checkbox"/> |
| <b>ADHD</b>           | <input type="checkbox"/> | <b>Awaiting ADHD</b>           | <input type="checkbox"/> |
| <b>ASD &amp; ADHD</b> | <input type="checkbox"/> | <b>Awaiting ASD &amp; ADHD</b> | <input type="checkbox"/> |

**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: _____                   | Male / Female |
| Date of Birth: _____                    | Details of any special needs: _____ |               |
| School: _____ (if different from above) |                                     |               |
| <b>Sibling Two:</b>                     |                                     |               |
| Surname: _____                          | First Name: _____                   | Male / Female |
| Date of Birth: _____                    | Details of any special needs: _____ |               |
| School: _____ (if different from above) |                                     |               |
| <b>Sibling Three:</b>                   |                                     |               |
| Surname: _____                          | First Name: _____                   | Male / Female |
| Date of Birth: _____                    | Details of any special needs: _____ |               |
| School: _____ (if different from above) |                                     |               |
| <b>Sibling Four:</b>                    |                                     |               |
| Surname: _____                          | First Name: _____                   | Male / Female |
| 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, The Letchworth Centre for Healthy Living,  
Hitchin Road, Letchworth, Hertfordshire SG6 3NA