

**Doncaster Parents Voice**

**Membership Form**

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| **Please complete this form in BLOCK CAPITALS** |
| Parent Carer Details |
| **Full Name** |  | **Gender** |  |
| **Date of Birth** |  | **Ethnicity** |  |
| **Address** |  | **Post Code** |  |
| **Email Address** |  |
| **Telephone No** |  |

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| Childs Details |
| **Full Name** |  | **Gender** |  |
| **Date of Birth** |  | **Ethnicity** |  |
| **Children up to 25 years are eligible** |
| **Address****(If different to parent)** |  | **Post Code** |  |
| **School** |  |
| **PLEASE NOTE - child must be a resident in Doncaster or the areas under the authority of Doncaster Council** |
| **Siblings** |  |
| **Please list any siblings and their DOB's that live in the same household** |

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| Childs Disability |
| **Please tick as applicable** | **YES** | **NO** |
| Does your child have an EHCP or SEN plan? |  |  |
| Does your child receive DLA or PIP? |  |  |
| Does your child have a full diagnosis? |  |  |
| Is your child currently on an assessment pathway? |  |  |
| **PLEASE NOTE - answering 'no' to all of the above will not necessarily mean an unsuccessful application. We will contact you to discuss your circumstances, support needs and your available options** |
| **Please tick as applicable** | **YES** | **NO** |
| Autism Spectrum Disorder (ASD) |  |  |
| Attention Deficit Hyperactivity Disorder (ADHD) |  |  |
| Hearing Impairment |  |  |
| Visual Impairment |  |  |
| Multi-Sensory Impairment (Deaf and Blind) |  |  |
| Moderate Learning Disability (MLD) |  |  |
| Severe Learning Disability (SLD) |  |  |
| Profound and Multiple Learning Disability (PMLD) |  |  |
| Childs Disability continued |
| **Please tick as applicable** | **YES** | **NO** |
| Specific Learning Disability (SpLD) e.g. Dyslexia or Dyspraxia |  |  |
| Physical Disability |  |  |
| Social, Emotional and Mental Health Needs (SEMH) |  |  |
| Speech, Language and Communication Needs (SLCN) |  |  |
| Sensory Processing Disorder |  |  |
| Other (please specify) |  |  |

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| **You will be required to provide evidence of your child's disability. Please tick below which form of evidence you are including with your application. We do accept photocopies of documents** |
| Letter of diagnosis or letter confirming your child is on a pathway |  |
| Award letter of DLA or PIP |  |
| Proof your child attends a special school setting |  |
| Copy of your most recent EHCP or SEN Plan |  |
| Other (please specify) |  |
| **PLEASE NOTE - Failure to provide official documents will not necessarily mean an unsuccessful application. We will contact you to discuss your circumstances, support needs and your available options** |

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| Max Card |
| Max Card is the UK’s leading discount card for days out for families of SEND and looked after children |
|  | **YES** | **NO** |
| I would like to purchase a Max Card for £6.00 |  |  |
| **We will contact you to arrange for payment and collection of the card** |
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| **GDPR** |
| In accordance with GDPR and relevant UK data protection laws, Doncaster Parents’ Voice, a subsidy of Doncaster Partnership for Carers (reg. charity no. 1075455), will store all personal information provided in this form for the purpose of providing the relevant services only. Demographic data may be shared with the local authority and local NHS providers. No personal or identifiable information will be shared to any third party unless required to do so by law. For more information about your privacy and how we use your data, please contact our team via dpvoice@doncastercarers.org.uk |
| **I confirm that all information provided is true and accurate to the best of my knowledge. I consent to my personal information being stored and processed as outlined in the disclaimer above** |
| **Signature** |  | **Date** |  |
| **Please e-mail this application form along with any additional documents to** **karen@doncastercarers.org.uk** |