



Link-Upp (Birmingham)

Networking for Parent/Carer Groups

Registered Charity no: 1114214

Application Form: Family Membership

Details of "named family member", preferably a parent or carer.
Please answer all questions if possible.

Name: _____

Address: _____

Telephone number: _____ Mobile number: _____

e-mail: _____

Would you like to receive information via e-mail? Yes / No

Your relationship to child(ren) with additional needs: _____

How would you describe your ethnic origin? *(see notes) _____

Do you consider yourself to be disabled? _____

Are you a member of any parent/carers support groups? Yes / No

If "Yes", which ones? _____

Declaration:

I wish to become a member of Link-Upp (Birmingham) and agree to abide by its constitution and policies.

Signed: _____ date: _____

Please turn over and complete the request for information on the back of this form.

Please complete the following information about your family.
This helps us raise funds for Link-Upp.

Details of Additional Needs within the Family

	Gender M/F	Date of birth	Ethnic origin.	Detail of disability / additional needs.	Does this child live with you?
Child 1					
Child 2					
Child 3					

How many other children are there living with you? _____

How many other adults share your caring responsibilities? _____

Is there any other information, that you are happy to share with us, that you feel is relevant? Do you have any skills or qualifications that you could share with Link-Upp?

Confidentiality Statement:

1: Your name, address and all other contact details will remain confidential to Link-Upp, and will only be used for administering Link-Upp.

2: Statistical information, such as numbers of children, disability etc, will be shared with other organisations for fundraising purposes.

3: We will not pass on any identifying details to other organisations, or individuals, without your permission.

Please return to:

Link-Upp Birmingham, Prospect Hall, 12 College Walk, Selly Oak, Birmingham
B29 6LE