



www.familiesunitednetwork.org.uk

Registered Charity Number: 1091474

Membership Application Form

Family Name

Parent/Carers	Forename	Surname	Ethnicity <small>(Please see pag</small>	Religion
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Address

 Town
 County
 Postcode

Contact Information

Home:	<input type="text"/>
Mobile:	<input type="text"/>
Mobile:	<input type="text"/>
e-mail:	<input type="text"/>

Letter of diagnosis or condition will need to be sent with completed membership form.

Children with disabilities 1	Forename	Surname	Ethnicity	Gender	Date Of Birth	Religion	School Name
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Primary Learning Difficulty/ Disability (LDD) Need (please see page 2)

Wheelchair user: Yes No

Children with disabilities 2	Forename	Surname	Ethnicity	Gender	Date Of Birth	Religion	School Name
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Primary Learning Difficulty/ Disability (LDD) Need

Wheelchair user: Yes No

Children with disabilities 3	Forename	Surname	Ethnicity	Gender	Date Of Birth	Religion	School Name
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Primary Learning Difficulty/ Disability (LDD) Need

Wheelchair user: Yes No

Siblings	Forename	Surname	Ethnicity	Gender	Date Of Birth

All family members who are living at the same address as the disabled person are able to access FUN services.

A copy of Child Benefit letter must be attached to membership form to confirm.

Ethnicity data collection

Ethnic backgrounds describes how we think of ourselves and is not the same as nationality or county of birth. This may be based on skin colour, language, culture or family history. Please select one of the following for each member of your family and write it in the box against their name.

White, British	Asian or Asian British, Pakistani
White, Irish	Asian or Asian British, Bangladeshi
White, any other White Background	Asian or Asian British, Any other Asian Background
Mixed, White and Black Caribbean	Black or Black British, Caribbean
Mixed, White and Black African	Black or Black British, African
Mixed White and Asian	Black or Black British, Any other Black background
Mixed, any other mixed background	Chinese
Asian or Asian British, Indian	Any other ethnic background

Primary Disability

ASD	Autistic Spectrum Disorder
BESD	Behavioural, Emotional and Social Difficulties
HI	Hearing Impairment
MLD	Moderate Learning Difficulties
MSI	Multi Sensory Impairments
OTH	Other Difficulty/ Disability
PD	Physical Disability
PMLD	Profound and Multiple Learning Difficulties
SLCN	Speech, Language and Communication Needs
SLD	Severe Learning Difficulties
SPLD	Specific Learning Difficulties
VI	Visual Impairment

How did you hear about Families United Network:

What other services do you currently access:

Autism Beds	<input type="checkbox"/>	Cerebral Palsy	<input type="checkbox"/>
SNOOSC	<input type="checkbox"/>	Mencap	<input type="checkbox"/>
Other please specify:			

What activities would you like to access:

Please specify

Is there anything you would like to tell us that is not already cover within the form:

Please tell us here:

Literature If you do not wish to receive literature from Families United Network via e-mail. Tick here.

All information provided on the membership form is treated with strict confidentiality and will not be shared with others without your permission. However, statistical information maybe provided to outside organisations for monitoring and funding purposes, but individuals will not be identified. Photographs taken at events maybe used for fundraising and publicity purposes including (but not limited to) in leaflets and on our website.

Please return the following documents to:

Please provide one from the list below as proof of disability eg:

Letter confirming diagnosis or special education need

DLA or PIP award

Letter from from school or college

Social worker assessment

Doctors letter or report

Child benefit letter (proof of young people living at same address)

Completed membership form

Photo consent form

Tick Box

Also:

Are you in receipt of Direct Payments

Are you in receipt of Personal Budgets

Do you have a Social Worker

What is your Social Workers name:

Yes

No

to:

Families United Network

Britannia Estate, Unit 5

Leagrave Road

Luton

Bedfordshire

LU3 1RJ