

MEMBERSHIP APPLICATION

Please tell us about your child(ren) who have an additional need or disability:

Child 1

First name(s)		
Surname		
Date of birth		
Gender <i>(please circle)</i>	Male / Female	
Ethnicity <i>(please circle in each column)</i>	Asian Black Mixed White and Black Mixed White and Asian Mixed any other background White Any other ethnic group	Indian / Pakistani / Bangladeshi / Other African / Caribbean / Other African / Caribbean / Other Indian / Pakistani / Bangladeshi / Other British / Irish / Traveller / Gypsy / Other
Address		
Postcode		
Primary disability or additional need		
Wheelchair user?	Yes / No	
School/college name		

Child 2 (if needed)

First name(s)		
Surname		
Date of birth		
Gender	Male / Female	
Ethnicity <i>(please circle in each column)</i>	Asian Black Mixed White and Black Mixed White and Asian Mixed any other background White Any other ethnic group	Indian / Pakistani / Bangladeshi / Other African / Caribbean / Other African / Caribbean / Other Indian / Pakistani / Bangladeshi / Other British / Irish / Traveller / Gypsy / Other
Primary disability or additional need		
Wheelchair user?	Yes / No	
School/college name		

Child 3 (if needed)

First name(s)		
Surname		
Date of birth		
Gender	Male / Female	
Ethnicity <i>(please circle in each column)</i>	Asian Black Mixed White and Black Mixed White and Asian Mixed any other background White Any other ethnic group	Indian / Pakistani / Bangladeshi / Other African / Caribbean / Other African / Caribbean / Other Indian / Pakistani / Bangladeshi / Other British / Irish / Traveller / Gypsy / Other
Primary disability or additional need		
Wheelchair user?	Yes / No	
School/college name		

Details of Parents and Carers:

Parent 1

First name(s)		
Surname		
Gender	Male / Female	
Ethnicity <i>(please circle in each column)</i>	Asian Black Mixed White and Black Mixed White and Asian Mixed any other background White Any other ethnic group	Indian / Pakistani / Bangladeshi / Other African / Caribbean / Other African / Caribbean / Other Indian / Pakistani / Bangladeshi / Other British / Irish / Traveller / Gypsy / Other
Address <i>(if different from above)</i>		
Postcode		
Email contact		
Telephone number		
Mobile number		

Parent 2

First name(s)		
Surname		
Gender	Male / Female	
Ethnicity <i>(please circle in each column)</i>	Asian Black Mixed White and Black Mixed White and Asian Mixed any other background White Any other ethnic group	Indian / Pakistani / Bangladeshi / Other African / Caribbean / Other African / Caribbean / Other Indian / Pakistani / Bangladeshi / Other British / Irish / Traveller / Gypsy / Other
Address <i>(if different from above)</i>		
Postcode		
Email contact		
Telephone number		
Mobile number		

Please provide the names of any other carers who are authorised to bring your child/young person to FUN services. The names of all carers must be included on your membership in order for them to access our family services with your child(ren). All carers must be aged 18+. This list can be updated at any time by calling the office.

Full name	
Full name	
Full name	

All children living at the same address as the child with additional needs are counted as siblings and can access our family services and activities.

Please provide details of all siblings living at the same address:

Sibling 1

First name(s)		
Surname		
Date of birth		
Gender	Male / Female	
Ethnicity <i>(please circle in each column)</i>	Asian Black Mixed White and Black Mixed White and Asian Mixed any other background White Any other ethnic group	Indian / Pakistani / Bangladeshi / Other African / Caribbean / Other African / Caribbean / Other Indian / Pakistani / Bangladeshi / Other British / Irish / Traveller / Gypsy / Other

Sibling 2

First name(s)		
Surname		
Date of birth		
Gender	Male / Female	
Ethnicity <i>(please circle in each column)</i>	Asian Black Mixed White and Black Mixed White and Asian Mixed any other background White Any other ethnic group	Indian / Pakistani / Bangladeshi / Other African / Caribbean / Other African / Caribbean / Other Indian / Pakistani / Bangladeshi / Other British / Irish / Traveller / Gypsy / Other

Sibling 3

First name(s)		
Surname		
Date of birth		
Gender	Male / Female	
Ethnicity <i>(please circle in each column)</i>	Asian Black Mixed White and Black Mixed White and Asian Mixed any other background White Any other ethnic group	Indian / Pakistani / Bangladeshi / Other African / Caribbean / Other African / Caribbean / Other Indian / Pakistani / Bangladeshi / Other British / Irish / Traveller / Gypsy / Other

Please add the details of any additional siblings to the back of this form

Please note that only family members living at the same address as the child/young person with additional needs can access F.U.N. services.

How did you hear about Families United Network? *(please circle)*

Internet search / Local Offer / Word of Mouth / School or College / Social Media / Doctor or other Health professional / Social Worker or Health Visitor

Other _____

What other clubs and activities does your child/young person currently attend (if any)?

If you are interested in your child/young person accessing our respite services, please indicate this below and we will ask our Respite Services Coordinator to contact you to arrange an induction:

Please contact me about Respite Services

If there is anything else that you would like to tell us, please write it here

Protecting your personal data

In order to provide services to our members, we need to hold some personal data about each of our members. We hold this data to ensure that we can meet the needs of the children and young people in our care, and to keep you updated about the services and support that we offer.

We will collect data as part of this membership application process, and during any induction meeting for your child prior to them attending any of our respite services. By completing this membership form you are giving F.U.N. permission to hold your personal details securely on our database.

With your consent we may share some of your membership data with organisations that provide funding for our services. We only share data with organisations that directly benefit the charity and its services. Please note that it may be more difficult for F.U.N. to secure funding for its services if we are unable to share membership data.

Are you happy for us to share your data with organisations who help to provide funding for our services? Yes No

With your consent, we may share information with other professionals who work directly with, or support, your child/young person - such as schools, colleges, health visitors, family workers etc, so that we can better understand and meet the needs of your child/young person.

Are you happy for us to share information about your child/young person with others who work directly with or support your child/young person? Yes No

In very exceptional circumstances information about a child or young person may be shared with local safeguarding authorities, but only if we have very serious concerns about the safety of a child or young person.

Contact Permission

How would you like to receive information from us? (please circle)

Post	Yes / No
Email	Yes / No
Text message	Yes / No

Photo Consent

F.U.N. uses images and film in a variety of its own materials to promote the charity and the important work that we do. Using images and film helps us to secure the funding that we need for our services. Images may be used for publicity materials such as leaflets, brochures and posters; in newspaper or magazine articles about the charity; or on our website and social media accounts. We may also share photos with some of our funders and donors who provide the charity with equipment or financial support, where this is requested by them.

Do you consent to us taking and using photographs for the purposes stated above?

Yes No

Do you consent to us taking and using video footage for the purposes stated above?

Yes No

Please note that if you would like a copy of the information that we hold about you, or if you wish to withdraw your consent for data or photo sharing, you can do so by contacting the office on 01582 420800 or by emailing info@familiesunitednetwork.org.uk

Membership Documentation

(for new members only)

In order to become a member of F.U.N., the charity requires confirmation that your child/young person has an additional need or disability. The following are examples of documents that can be provided to confirm this:

- Letter of diagnosis or special educational need
- SEND Support Plan or EHC Plan
- DLA or PIP award letter
- Letter from a school or college
- Social Worker assessment/care plan
- Letter or report from a doctor, consultant or other health professional

We also require proof of siblings/other children living at the same address:

- This can be any document that shows the child's name and address e.g. child benefit award letter, school letter, tax credit award letter etc.

Please forward the documentation with this membership form, as your membership application can not be processed without this.

Please send copies of all documents, as originals cannot be returned. If you are able to bring your documents to the F.U.N. office they can be photocopied for you.

Additional Information

By becoming a member of Families United Network, you are agreeing to receive information about the charity and its services, events, newsletters and other relevant information that may be of interest to you.

Please note that members are not permitted to take photographs or video recordings at any of our clubs and services. This includes pictures and videos of your own children. Express permission from management is required before any such images can be taken. Membership may be withdrawn if this rule is breached.

Signature _____

Full Name _____

Date _____

Please return this form to:

info@familiesunitednetwork.org.uk

or post to

Families United Network, Unit 5 Britannia Estate, Legrave Road, Luton LU3 1RJ

Office use only

Form received:

Entered on Database:

Membership card issued:

Email contact added:

Unit 5, Britannia Estate, Legrave Road, Luton LU3 1RJ

Registered Charity Number: 1091474.

Office Telephone Number: 01582 420800. E-mail: info@familiesunitednetwork.org.uk

www.familiesunitednetwork.org.uk