Empowering Parents Together
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www.empoweringparentstogether.org.uk
07486 880 799
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EMPOWERING PARENTS TOGETHER

Working together today, Improving their tomorrows

Membership Application Form

Members Details

Personal Contact Details (please use block capitals)

Title (tick one)	☐ Miss	☐ Ms	☐ Mrs	☐ Mr	☐ Dr	Email	
Other (specify)						Personal	
Surname						Other	
First Name(s)						Phone	
Other						Home	
Address						Mobile	
						Work	
Town							
County						Organisation	
Postcode						Position	

Preferred Method of Contact (please tick all applicable)

☐ Email (ideal) ☐ Phone ☐ Text ☐ Post ☐ Other (please specify)

Membership & Participation Level Offered (please tick all appropriate)

☐ Parent / Carer ☐ Representative ☐ Management Committee ☐ Associate (professional)

Ethnicity

White	Mixed / Multiple Ethnic Group	Asian	Other Ethnic Groups
☐ British	☐ White & Black Caribbean	☐ British	☐ Arab
☐ English	☐ White & Black African	☐ Indian	☐ British Mauritian
☐ Northern Irish	☐ White & Asian	☐ Pakistani	☐ European EU
☐ Scottish	Black	☐ Bangladeshi	☐ Sri Lankan
☐ Welsh	☐ British	☐ Chinese	
☐ Irish	☐ Caribbean		
☐ Gypsy or Irish Traveller	☐ African		
☐ Other (please specify)			

Sex		Registered Disabled	
☐ M	☐ F	☐ Yes	☐ No

Cared For Details

Relationship to Cared For (tick)			Educational Placement of Cared For			Support of Cared For	
☐ Mother	☐ Father	☐ Sibling	☐ Home	☐ Special	☐ Mainstream	☐ Send Support	
☐ Ext. Family	☐ Adopted / Legal Guardian		☐ Other (specify)		☐ Non Borough	☐ EHCP	☐ No Support
☐ Other (specify)			Age of Cared For		Sex	Registered Disabled	
					☐ M ☐ F	☐ Yes	☐ No

Disability or Special Educational Need of Cared For (please tick all disabilities cared for)

☐ ADD / ADHD	☐ Anxiety	☐ Arthritis	☐ ASD / Asperger's
☐ Blind / Visually Impaired	☐ Cerebral Palsy	☐ Challenging Behaviour	☐ Complex Health
☐ Cystic Fibrosis	☐ Deaf / Hearing Impaired	☐ Depression	☐ Diabetes
☐ Down's Syndrome	☐ Drug / Substance Abuse	☐ Dyscalculia	☐ Dyslexia
☐ Dyspraxia	☐ Epilepsy	☐ Hunter Syndrome	☐ Foetal Alcohol Syndrome
☐ Fragile X Syndrome	☐ Global Development Delay	☐ Learning Difficulties / Dis.	☐ ME (Chronic Fatigue Syn.)
☐ Multiple Sclerosis	☐ Muscular Dystrophy	☐ Oppositional Defiant Dis.	☐ Pathological Demand Avoid.
☐ Pervasive Dev. Disorder	☐ Rett Syndrome	☐ Sensory Processing Disorder	☐ William's Syndrome
☐ No Diagnosis	☐ Other (please specify)		

Completion of this form gives permission for the information provided be used by EPT staff and Management Committee for EPT purposes only. You can ask to be removed from our mailing list at any time.

Sign ..... **Date** .....

Department for Education · London Borough of Redbridge · twitter · Members of NNPCF National Network of Parent Carer Forums 'Our Strength is Our Shared Experience' · contact For families with disabled children