



HemiHelp

For Children and Young People with Hemiplegia

ADULT MEMBERSHIP FORM

Please complete your membership form and return to

HemiHelp
6 Market Road
London
N7 9PW

Email: support@hemihelp.org.uk
Office Tel: 0845 120 3713
Helpline Tel: 0845 123 2372

Correspondence to be sent to:

* Fields must be completed

Title (*Mr, Mrs, Miss, etc.*): **First Name**:*

Last Name:*

Address:*

.....

..... **Post Code**:*

Tel: **Mobile**:

Email Address:

Please tick this box if you **do not** wish us to send you HemiHelp updates and event news by email

Date of Birth:(*dd/mm/yy*)

Male or Female: M F

Ethnic Origin:

Main Language:

Additional Information

Which SIDE is affected by hemiplegia?

Left Right

Do you think your hemiplegia is:

Mild Moderate Severe

Do you think you have always had hemiplegia?

Yes No

If no, how did you acquire hemiplegia?

Your age when diagnosed: YearsMonths

Who do you live with?

With parents/family Supported living
With Partner Independent
Other

You and HemiHelp

(please tick option from A and B if applicable)

A. How did you hear about HemiHelp?

Physiotherapist Paediatrician GP
Occupational Therapist Internet Search
Other *(Please give details)*.....

B. Where did you hear about HemiHelp?

Hospital GP Surgery Other
(Please give details).....

HemiHelp has a nationwide scheme which can put you in touch with other adults. If you would like further information please tick here.

We have included detailed questions on this form in order to understand how we can best help our members, and for use anonymously in the form of funding application statistics. However, you are under no obligation to answer any questions for which you feel uncomfortable giving answers.

Education

Do you currently attend any of the following educational institutions?

- | | | | |
|------------------------------|--------------------------|---------------------------|--------------------------|
| 6 th Form College | <input type="checkbox"/> | Further Education College | <input type="checkbox"/> |
| University | <input type="checkbox"/> | Other | <input type="checkbox"/> |
| No longer in education | <input type="checkbox"/> | | |

Have you attended any of the following educational institutions in the past?

- | | | | |
|------------------------------|--------------------------|---------------------------|--------------------------|
| 6 th Form College | <input type="checkbox"/> | Further Education College | <input type="checkbox"/> |
| University | <input type="checkbox"/> | Other | <input type="checkbox"/> |
| None of the above | <input type="checkbox"/> | | |

Which institution do/did you attend?.....

What course(s) do/did you do?

What, if any, disability-related benefits did you apply for and/or receive whilst attending?.....

Employment

Are you currently:

- | | | | |
|--------------------|--------------------------|---------------|--------------------------|
| Employed | <input type="checkbox"/> | Self-employed | <input type="checkbox"/> |
| Seeking employment | <input type="checkbox"/> | Unemployed | <input type="checkbox"/> |

Please tell us about the type of work you do or have done:.....

If you are seeking employment, what kind of work are you looking for?

PLEASE ENROL ME AS A MEMBER OF HEMIHELP

By becoming a member of HemiHelp I understand and accept that any information pertaining to me will be held securely on a confidential database under the rules of the Data Protection Act and will be for the exclusive use of HemiHelp, who undertake not to disclose this information to any other organisations without my prior written consent.

Signed:

Date (dd/mm/yy):/...../.....

Please complete your membership by filling in the next page. You can pay by standing order or enclose a cheque made payable to 'HemiHelp'. Credit Card payments can be taken by calling the office on (+44) 207 840 0159, or pay securely online and follow the Donate link on the homepage www.hemihelp.org.uk

Your membership fee covers the cost of your quarterly magazine and your membership support for a year. Paying online greatly reduces administration costs, so more of your money goes directly towards supporting HemiHelp.

Please tick your preferred method of payment:

- Online £35 (annual membership)**
- Cheque £35 (annual membership)**

There is so much more we would like to do to improve and develop our services for you and other people affected by hemiplegia. If you are able to give more, please complete the statement below.

I wish to make an additional to donation to HemiHelp to the sum of £.....

I wish to pay:

- Online**
- By Cheque**

Signed: Date (dd/mm/yy):/...../.....