



# 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

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 (3 or 4 emails a year)

**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:** ..... Years .....Months

**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 <sup>th</sup> 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 <sup>th</sup> 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 direct debit or enclose a cheque made payable to 'HemiHelp'. Credit Card payments can be taken by calling the office on 0845 120 3713, or pay securely online and follow the 'Donate' link on the homepage [www.hemihelp.org.uk](http://www.hemihelp.org.uk)**

***Your membership subscription covers the cost of your quarterly magazine and your membership support for a year.\**** Setting up a direct debit greatly reduces administration costs, which means that more of your money goes directly towards supporting HemiHelp. This is an easy way for you to help HemiHelp and automatically keep your subscription up to date.

***Please tick your preferred method of payment:***

- Direct Debit (complete form on the reverse)     Credit Card (by phone)  
 Online     Cheque (payable to 'HemiHelp')

***Please tick your preferred contribution :***

- £10 (annual membership)     £75 (life membership)

CAF Unique Ref No.:

FS2021

*giftaid it*

Using Gift Aid means that for every pound you give, we get an extra 28 pence from the Inland Revenue, helping your membership subscription go further.

This means that £10 can be turned into £12.80 and £20 can be turned into £25.60, just so long as Membership Subscriptions are made through Gift Aid. Imagine what a difference that could make and it doesn't cost you a thing.

So if you want your membership subscription to go further, Gift Aid it. Just complete this form and send it back to us.

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_

Post Code: \_\_\_\_\_

*I wish all donations I have made for the four years prior to this year, and all donations I make from the date of this declaration until I notify you otherwise, to be treated as Gift Aid donation.*

*I also confirm that I pay UK income tax or capital gains tax at least equal the amount we will claim in the tax year.*

**I WISH TO MAKE A REGULAR MEMBERSHIP SUBSCRIPTION BY DIRECT DEBIT OF**

£ \_\_\_\_\_ quarterly / annually. Commencing \_\_\_\_\_ 20\_\_

Please complete the mandate below.

**Instruction to your Bank or Building Society to pay by Direct Debit**



Please send this completed instruction to:

SERVICE USER NUMBER

6	9	0	6	4	1
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HemiHelp,  
6 Market Road,  
London, N7 9PW

CAF Ref No. FS2021
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Name(s) and address of account holder(s)

Mr/Mrs/Miss/Ms
Address
Post Code

FOR CAF OFFICIAL USE ONLY – This is not part of the instruction to your Bank/ Building Society.

Date of first payment on or after;

		/			/				
--	--	---	--	--	---	--	--	--	--

Bank/Building Society account number

--	--	--	--	--	--	--	--

Branch Sort Code

		-			-		
--	--	---	--	--	---	--	--

Instruction to your Bank or Building Society.  
  
Please pay CAF Re HemiHelp debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with CAF Re HemiHelp and if so, details will be passed electronically to my Bank/Building Society.

Name and full postal address of your Bank/ Building Society

To: The Manager
Address
Post Code

Signature

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Date:

		/			/				
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**Banks and Building Societies may not accept Direct Debit Instructions for some type of accounts.**

This guarantee should be detached by the payer

**The Direct Debit Guarantee**



- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits
- If there are any changes to the amount, date or frequency of your Direct Debit CAF re. HemiHelp will notify you ten working days in advance of your account being debited or as otherwise agreed. If you request CAF re. HemiHelp to collect a payment, confirmation of the amount and date will be given to you at the time of the request
- If an error is made in the payment of your Direct Debit, by CAF re. HemiHelp or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society
- If you receive a refund you are not entitled to, you must pay it back when CAF re. HemiHelp asks you to
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.