



HemiHelp

For Children and Young People with Hemiplegia

FAMILY 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)

Child & Parent Details

Child's First Name:*.....

Child's Last Name:*.....

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

Male or Female: M F

Main Language:.....

Ethnic Origin:.....

Mother's Name:

Mother's Occupation:.....

Father's Name:

Father's Occupation:.....

Additional Information

Which side is affected by hemiplegia?

Left Right

Do you consider your child's hemiplegia to be:

Mild Moderate Severe

Do you think your child has always had hemiplegia?

Yes No

If no, how did your child acquire hemiplegia?

.....

.....

Age your child was diagnosed: YearsMonths

Does your child have any of the following associated difficulties?

Speech Behavioural Visual

Epilepsy Autistic Spectrum Disorder

Other (please give details)

.....

Learning difficulties: Yes No Unknown

(please indicate what level would best describe them)

Mild Moderate Severe

We have included detailed questions on this form in order to understand how we can best help our members and to use anonymously in the form of funding application statistics. However, you are under no obligation to answer any questions which you feel uncomfortable giving answers. If you need more room to answer any question, please continue on an additional sheet.

Additional Information (continued)

Does your child attend a Hospital or Child Development Unit?

Yes No

If yes, which one do they attend?.....

Do you think this Hospital/CDU is aware of HemiHelp?

Yes No

If no, can we send you an information pack to pass on to them?

Yes No

How did you hear about HemiHelp?

Physiotherapist Paediatrician GP

Occupational Therapist Internet Search

Other (Please give details)

Where did you hear about HemiHelp?

Child Development Unit Hospital GP Surgery

Other (Please give details)

HemiHelp has a nationwide **Local Groups** scheme which puts you in touch with other families in your area and a **Pen Pal** scheme for our child members (for children over 5yrs).

If you would like further information about either of these please tick below.

Local Groups

Pen Pals

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

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):/...../.....

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 :

- £20 (annual membership) £150 (life membership)

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CAF Unique Ref No.:

FS2021

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.

*Please contact the office if your financial circumstances present difficulties in payment of your membership subscription

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:

HemiHelp,
6 Market Road,
London, N7 9PW

SERVICE USER NUMBER

6	9	0	6	4	1
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Name(s) and address of account holder(s)

Mr/Mrs/Miss/Ms
Address
Post Code

CAF Ref No. FS2021

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

Date of first payment on or after;

		/			/				
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Bank/Building Society account number

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Branch Sort Code

		-			-		
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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.