

Please fill out the standing order form below, or enclose a cheque made payable to 'HemiHelp'. Credit Card payments can be taken by calling the office on 0845 120 3713, or donate online at www.hemihelp.org.uk/support_us/donate

There is so much more we can do for your children and other families, but we are in desperate need of funds to expand our services and develop new projects. The suggested minimum donation of £18 will just about cover the cost of your quarterly newsletter and membership support for 1 year. If you are able to give more, please do, and help us to introduce further events and services for families like you.

Please tick your preferred method and contribution:

Standing Order Online Cheque Credit Card (by phone)
 £18 £25 £35 £50 £100 Other £

giftaid it I am a UK taxpayer and I want **HemiHelp** to treat my donations as Gift Aid donations. I pay an amount of income tax or capital gains tax equal to or more than the amount that HemiHelp will reclaim on my donation (28p for every £1 you give)
 I am a UK Tax Payer (please tick box if this applies)

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

PLEASE ENROL ME AS A MEMBER OF HEMIHHELP

By becoming a member of HemiHelp I understand and accept that this **CONFIDENTIAL** information will be held on computer 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 pay HemiHelp, Account No: 91493647, HSBC Bank, 117 Balham High Street, London SW12 9AS. Sort Code: 40 – 01 – 07

The sum of £(amount in words)
 monthly / annually / quarterly (please cross out as required)

starting on (dd/mm/yy)...../...../..... Please put start date at least 2 weeks from today.

My account details:

Bank /Building Society: Sort Code:

Branch Address:

..... Post Code:

Name of a/c holder: a/c number:

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



**FAMILY
MEMBERSHIP FORM**

If you are a young person with hemiplegia, or have someone with hemiplegia in your family, then join **HemiHelp**. You will not only receive our regular newsletters, but you will be part of a growing organisation that is dedicated to helping you.

Please fill in this membership form, sign it and send it back to **HemiHelp** at the address on the back page.

CORRESPONDENCE TO BE SENT TO:

Title: 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

CHILD'S 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:

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.

MEDICAL INFORMATION

Which **SIDE** is affected by hemiplegia? Left Right

Do you think your child's hemiplegia is: 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?

Learning difficulties Yes No Don't Know

If yes, please indicate what level would best describe them: Mild Moderate Severe

Epilepsy Visual Speech Behavioural Autistic Spectrum Disorder

Other (please give details)

Is your child currently receiving the following treatments?

Physio Yes No Speech Yes No

OT Yes No Other Yes No

If Other, please give details:

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

EDUCATION

Does your child attend school? Yes No Not of school age

If yes, what type of school? (Please tick one box from line A and line B)

A: State School Independent School Boarding School

B: Mainstream Mainstream with Special Unit Special

Does your child have a Statement of Special Educational Needs or an IEP?

Yes No

Have you experienced any problems with this procedure? Yes No

If yes, please describe any difficulties:

YOU AND HEMIHELP

How did you hear about HemiHelp?

Internet Search GP Physiotherapist Occupational Therapist

Paediatrician Other Professional at Hospital/Child Development Unit

Other(Please give details)

If you heard about HemiHelp through a professional at a Hospital/Surgery/Child Development Unit - which one was it?

HemiHelp has nationwide **Local Groups** for our parent and family members. We also run a **Pen Pal** Scheme for our child members. Please tick if you would like more information about either of these.

Local Groups

Pen Pals (for children over 5 yrs)

YOUR CONTRIBUTION TO HEMIHELP

We are firmly committed to making our services available to everyone who needs them, regardless of personal circumstances. However, we are completely dependent on voluntary donations to cover our core running costs and therefore ask for a **minimum £18 annual donation** from those whose circumstances allow.

Your annual contribution will help towards the continuation of our helpline and quarterly newsletter, as well as enabling us to provide you with further information, support and the regular **HemiHelp** events. Additional donations we receive are also vital in helping us reach new families, and for increasing the variety and frequency of the activities we organise for our members.

All donations are gratefully received. Please see back page.

Setting up a monthly or annual direct debit to HemiHelp 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 keeps your subscription up to date. And if you're a UK taxpayer, HemiHelp can further increase the value of your gift by reclaiming tax from the Inland Revenue. **Gift Aid allows HemiHelp to reclaim from the Inland Revenue, 28p for every £1 you give us, at no extra cost to you!** If you pay an amount of income tax or capital gains tax equal to or more than the amount HemiHelp will reclaim on your donations please sign on the back page to make your donation go even further.