



HemiHelp

For Children and Young People with Hemiplegia

OTHER FAMILY MEMBERSHIP (Aunts, Uncles, Grandparents)

Please complete your membership form and return to

HemiHelp
6 Market Road
London
N7 9PW

Email: support@hemihelp.org.uk
Office Tel: (+44) 207 609 8507
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)

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.

Details of person with hemiplegia

First Name:*.....

Last Name:*.....

Date of Birth: (dd/mm/yy)

Male or Female: M F

Main Language:.....

Ethnic Origin:.....

Which SIDE is affected by hemiplegia?

Left Right

Do you think you're his/her hemiplegia is:

Mild Moderate Severe

Do you think your he/she has always had hemiplegia?

Yes No

If no, how did he/she acquire hemiplegia?

You and HemiHelp

How did you hear about HemiHelp?

Physiotherapist Paediatrician GP

Occupational Therapist Internet Search

Other (Please give details).....

Hospital GP Surgery Other

(Please give details).....

HemiHelp has a *Pen Pal* scheme for our child members (for children over 5yrs).

If you would like further information please tick below.

Pen Pals

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) 207 609 8507, 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)**

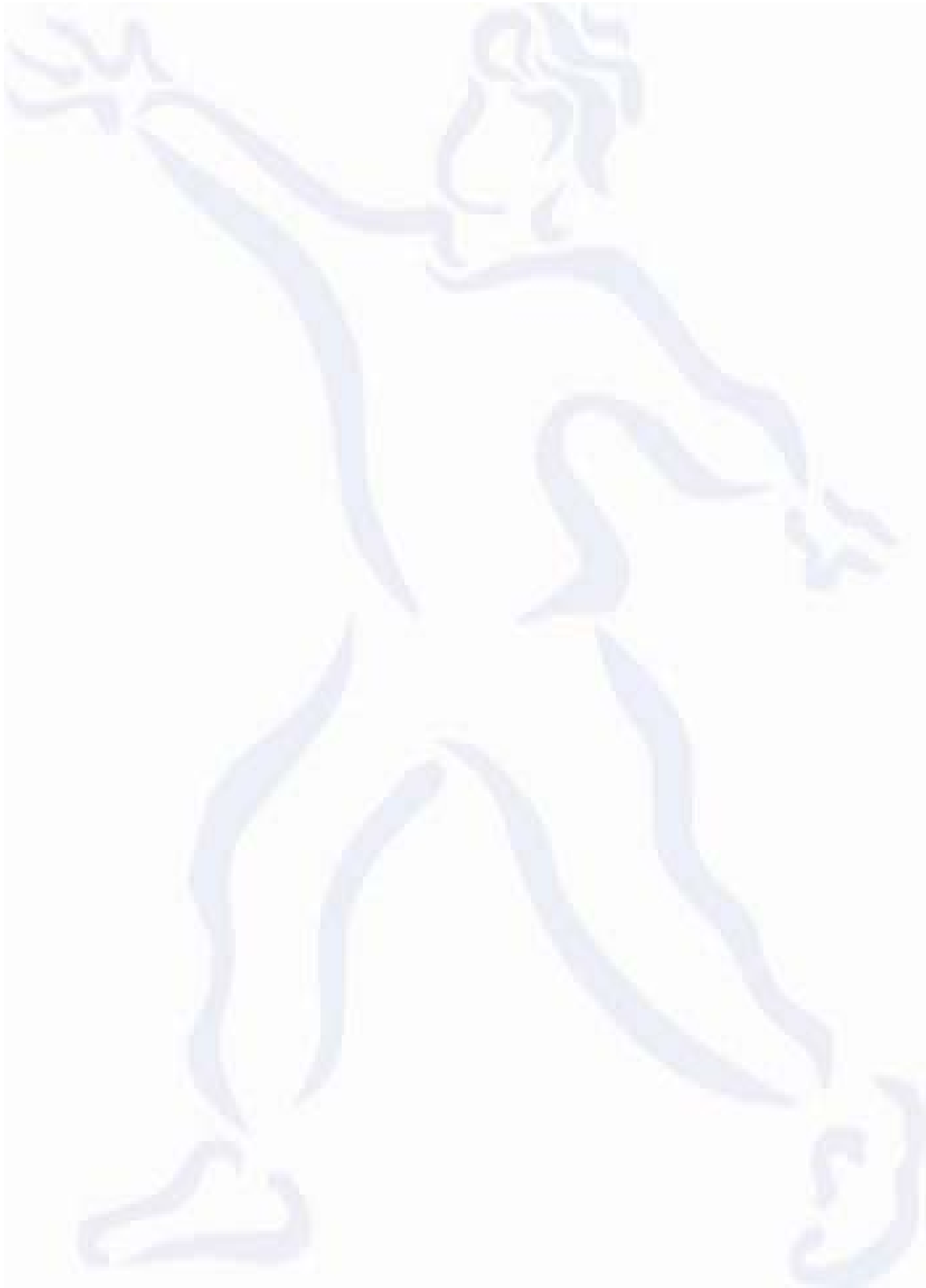
There is so much more we would like to do to improve and develop our services for you and other people affected by hemiplegia. If you are able to give more, please complete the statement below.

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



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Registered Charity Number: 1085349