

Registered Charity Number 1025966

**MEMBERSHIP FORM**

**(PARENTS/GUARDIANS/CARERS)**

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| **PARENT/GUARDIAN 1 NAME:**  |
| ADDRESS:…………………………………………………………………………………………………………………………………………………………..………..………………………………………………………………………………………………………………POSTCODE: …………………………………………………Telephone (landline): …………………………………………….. Telephone (mobile): …………………………………………………….. Email address: …………………………………………………………………………………………………………………………………………………………….Are you deaf/hearing impaired?: ☐ YES ☐ NOPlease indicate your ethnic origin: White □ Mixed □ Asian or Asian British □ Black or Black British □ Chinese □ Other □  |
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| **PARENT/GUARDIAN 2 NAME:**  |
| ADDRESS:…………………………………………………………………………………………………………………………………………………………..………..………………………………………………………………………………………………………………POSTCODE: …………………………………………………Telephone (landline): …………………………………………….. Telephone (mobile): …………………………………………………….. Email address: …………………………………………………………………………………………………………………………………………………………….Are you deaf/hearing impaired?: ☐ YES ☐ NOPlease indicate your ethnic origin: White □ Mixed □ Asian or Asian British □ Black or Black British □ Chinese □ Other □   |

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| **CHILDREN’S DETAILS:** **Child 1** Name: ...................................................................................................................................................................Male □ Female □ Date of Birth: ..............................................................................................Deaf/Hearing Impaired □ Permanent loss □ Temporary loss □ Hearing sibling □Current school: .................................................................................................................................................................Preferred communication (tick all that apply): BSL □ Cued speech □ Lip read □ SSE □ Makaton □ Speech □Equipment used:Cochlear implant (one ear) □ both ears □ BAHA □ Hearing aid (one ear) □ both ears □ Radio aid □ None □Any additional needs: ....................................................................................................................................................... |
| **CHILDREN’S DETAILS:** **Child 2** Name: ...................................................................................................................................................................Male □ Female □ Date of Birth: ..............................................................................................Deaf/Hearing Impaired □ [Permanent loss □ Temporary loss □] Hearing sibling □Current school: .................................................................................................................................................................Preferred communication (tick all that apply): BSL □ Cued speech □ Lip read □ SSE □ Makaton □ Speech □Equipment used:Cochlear implant (one ear) □ both ears □ BAHA □ Hearing aid (one ear) □ both ears □ Radio aid □ None □Any additional needs: ....................................................................................................................................................... |
| **CHILDREN’S DETAILS:** **Child 3** Name: ...................................................................................................................................................................Male □ Female □ Date of Birth: ..............................................................................................Deaf/Hearing Impaired □ [Permanent loss □ Temporary loss □] Hearing sibling □Current school: .................................................................................................................................................................Preferred communication (tick all that apply): BSL □ Cued speech □ Lip read □ SSE □ Makaton □ Speech □Equipment used:Cochlear implant (one ear) □ both ears □ BAHA □ Hearing aid (one ear) □ both ears □ Radio aid □ None □Any additional needs: ....................................................................................................................................................... |
| **CHILDREN’S DETAILS:** **Child 4** Name: ...................................................................................................................................................................Male □ Female □ Date of Birth: ..............................................................................................Deaf/Hearing Impaired □ Permanent loss □ Temporary loss □ Hearing sibling □Current school: .................................................................................................................................................................Preferred communication (tick all that apply): BSL □ Cued speech □ Lip read □ SSE □ Makaton □ Speech □Equipment used:Cochlear implant (one ear) □ both ears □ BAHA □ Hearing aid (one ear) □ both ears □ Radio aid □ None □Any additional needs: ....................................................................................................................................................... |
| **CHILDREN’S DETAILS:** **Child 5** Name: ...................................................................................................................................................................Male □ Female □ Date of Birth: ..............................................................................................Deaf/Hearing Impaired □ [Permanent loss □ Temporary loss □] Hearing sibling □Current school: .................................................................................................................................................................Preferred communication (tick all that apply): BSL □ Cued speech □ Lip read □ SSE □ Makaton □ Speech □Equipment used:Cochlear implant (one ear) □ both ears □ BAHA □ Hearing aid (one ear) □ both ears □ Radio aid □ None □Any additional needs: ....................................................................................................................................................... |
| **CHILDREN’S DETAILS:** **Child 6** Name: ...................................................................................................................................................................Male □ Female □ Date of Birth: ..............................................................................................Deaf/Hearing Impaired □ [Permanent loss □ Temporary loss □] Hearing sibling □Current school: .................................................................................................................................................................Preferred communication (tick all that apply): BSL □ Cued speech □ Lip read □ SSE □ Makaton □ Speech □Equipment used:Cochlear implant (one ear) □ both ears □ BAHA □ Hearing aid (one ear) □ both ears □ Radio aid □ None □Any additional needs: ....................................................................................................................................................... |

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| **SUPPORT NEEDS:** Please let us know what you are hoping to get out of joining our local group: ...........................................................................................................................................................................................………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………What kind of activities/events could we put on that would be attractive to your family? ...........................................................................................................................................................................................……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… |

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| **PHOTO CONSENT:** It is helpful if BDCS has pictures of deaf children, young people and families to promote the charity but we need your consent before we can use photos of your children. The photos we take at events may be used in newsletters, on hospital notice-boards, for newspaper articles, on NDCS websites, and in publicity leaflets as well as to pass to companies that help the Society with their events. The Society will not associate any children’s names with the photographs it uses without asking for further permission.Do you give us consent to take and use photographs of your child/ren?YES □ NO □ I am aware that BDCS will use the photos in good judgement and that I have the right to revoke permission for use at any time. |

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| **DATA PROTECTION CONSENT:** We use your data to send you information about our services and activities as appropriate to your personal needs. This data will NOT be shared with any other party without your explicit permission. We may contact you via post, email or by telephone but we need your consent to do so. I am happy for BDCS to contact me by post ☐ by email ☐ by telephone ☐ |

By completing this form you agree to become a member of our group. Membership is free.

Please sign below to confirm you are happy for us to contact you at any time using the contact information that we hold for you.

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| Signed |  | Date |  |

**Please return this form to:**

Annabel Fergusson

Membership Secretary, BDCS

86 Broad Hinton, Twyford

Berkshire RG10 0LP

Or email it to: **membership@berkshiredcs.org**