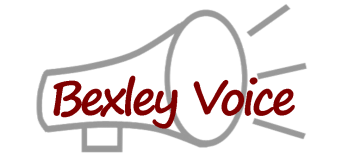
**Bexley Voice Membership Form (January 2020)**

|  |  |
| --- | --- |
| Member Name: | Contact Number: |
| Address; (parent/carer members only)  Postcode; | Email: (please print clearly) |
| Ethnicity: (optional) |
| How did you hear about us? |
| **Membership Type** **(membership is free of charge)** – Please tick one box;  **Parent / Carer Member -**  I am a parent or carer of a child/young person age 0-25 with special needs and/or disabilities.  I live in Bexley or my child attends an educational setting in Bexley.  I would like to be contacted by email for my views and updated with BV information.  **Professional Member** –  I work or support children/young people age 0-25 with special needs and/or disabilities in Bexley  I would like to be contacted by email for my views and updated with BV information. | |
| Parent/Carer members only;    **Please complete the reverse of this membership form with your child’s information.** | |
| Professional members only;  What is your job title, how and where do you work with special needs/disabled children/young people? | |

Please add my information to the Bexley Voice database. I will contact BV when my information needs updating or changing. I would like to be sent e-bulletins and any appropriate information.

I agree to the Bexley Voice membership and privacy policies.

I agree to this confidential information being stored electronically by BV under GDPR regulations.

I agree to photos being taken at Bexley Voice events to be used for BV promotional use.

I understand I can remove my details at any time by contacting Bexley Voice.

**I agree to the above membership conditions by signing my name below.**

Signed………………………………………………........................................…. Date…….……………………………………….

**Parent/Carers Members Only:**

|  |
| --- |
| **Child/Young Person’s Background –**  Relationship to member;........................................    Child/Young Persons **Year** of birth; ……………………….  Special Need/ Disability –  Autism Cerebral Palsy Down Syndrome Sensory issues  ADHD Asperger Syndrome Complex Needs Behaviour issues  Dyslexia Dyspraxia Hearing Impairment Visual Impairment    Other (Please specify)……………………………………………………………………………………………………………………………..  Please tick if applies; EHC Plan EHC Plan Pending SEN Support Unsure  Nursery/School/College/FE Attended;........................................ .................................................................. |

|  |
| --- |
| **Facebook Group**  Please send me an email with the access link to join the Bexley Voice Parent and Carer only secret Facebook group. The email address I have given on this form matches the email address linked to my Facebook account.  I have read and agreed to the Bexley Voice Social Media Policy |

|  |
| --- |
| **Further Information**  I would like information on becoming a Bexley Voice Volunteer  I would like information on supporting siblings of special needs/disabled children/young people |

Please return this completed form to a Bexley Voice Committee Member.  
 Alternatively please email by secure email system to bexleyvoice@hotmail.co.uk   
Visit our website at www.bexleyvoice.org.uk for membership information.

|  |  |
| --- | --- |
| For office use only: Membership Form January 2020 |  |
| Date added to Database: | Database Number: |
| Welcome letter/email sent: | Further Information required? |