**Bexley Voice Membership Form**

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| Name; | Contact Number; |
| Address; (parent/carer members only)Postcode; | Email; (please print clearly) |
| 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 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 in Bexley with special needs/disabilities children and young peopleI would like to be contacted by email for my views and updated with BV information |
| Have you heard of the Bexley Local Offer? YES NOIf so, what did you search for and did you find it? |
| 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 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:**

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| **Child/Young Person’s Background –** Relationship to member;........................................ Child/Young Persons Year of birth; ……………………….Special Need/ Disability – Autism Cerebral Palsy Down Syndrome Sensory issuesADHD Asperger Syndrome Complex Needs Behaviour issues Dyslexia Dyspraxia Hearing Impairment Visual Impairment  Other (Please specify)……………………………………………………………………………………………………………………………..Please tick if applies; EHC Plan SEN Support UnsureNursery/School/College/FE Attended;..........................................................................................................Has your child’s school been visited on our ‘Bexley Voice School Visit Programme’? YES NO |

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| **Facebook Group**Please send an email with the access link to join the Bexley Voice Parent and Carer only secret Facebook group (please note: the email address given on this form must match the email address linked to your Facebook account) I agree to the Bexley Voice Social Media Policy |

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| **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 to bexleyvoice@hotmail.co.uk
Visit our website at www.bexleyvoice.org.uk for membership information.

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| For office use only: Membership Form February 2019 |  |
| Date added to Database: | Database Number: |
| Welcome letter/email sent: | Further Information required? |