

Family Membership Form

Membership No: F _____

Members Details

First Name of Child _____ Surname of Child _____

D.O.B _____ / _____ / _____ School _____

If any, how many non-disabled siblings? _____ If any, how many siblings also have a disability? _____

Child's Disability / Additional Needs _____

Category: Autistic Spectrum Physical Communication Sensory (Visual/Hearing)
 Learning Health Social/Behaviour Other

Contact Details

Parent / Carer Name _____

Home Address _____

Local Authority _____ Postcode _____

Home Telephone _____ Mobile _____

Telephone _____

Is your child entitled to benefit related free school meals? Yes No

Declarations

How did you hear about Pathways 4 All Tim Lamb Children's Centre? _____

Previous Member Friend/Family Parent Event Social Worker
 Internet Social Media School

I have read the membership terms and conditions and agree to adhere to them Yes No

Pathways 4 All take your privacy seriously and will only use your personal data for our internal membership records. We will not share your details with any other organisation. Please tick to consent to us securely using and storing your information in line with our Data Protection Policy and Privacy Notice.

From time to time we would like to contact you about our charity and the Tim Lamb Centre. If you'd like to receive our regular email newsletters please tick to consent and provide your email below.

Email _____

Pathways 4 All would like to take photographs/short videos for the following purposes: printed/online promotional materials, media relations, website, social media. Photographs are securely stored in line with our Photography Policy and Data Protection Policy. I consent to photographs on behalf of my family

Signed _____ Date _____

Office Use
Only

Membership Paid	
Card Given	

Disability Evidence	
Safety Card	

Database	
Email Group	

Equality Monitoring

This information helps us to have accurate equality monitoring data that we use for funding applications and annual reporting. This data is only used anonymously and has no impact on your membership at The Tim Lamb Children's Centre. As with all data we hold, this information is stored securely and you can request for the information to be withdrawn at any time. If you prefer not to answer all or any questions, please leave blank or tick the 'Prefer not to say' box. If you have any questions or concerns please ask at the office.

Thank you for your help.

Please answer on behalf of the member child.

Gender Male Female Other/Prefer not to say

Ethnic Group

- | | |
|---|---|
| <input type="checkbox"/> Arab | <input type="checkbox"/> White British |
| <input type="checkbox"/> Asian (Indian/Pakistani/Bangladeshi/Other) | <input type="checkbox"/> White Other |
| <input type="checkbox"/> Black (Caribbean/African/Other) | <input type="checkbox"/> Mixed/Multiple Ethnicities |
| <input type="checkbox"/> East Asian (Chinese/Japanese/Koreen/Other) | <input type="checkbox"/> Other/Prefer Not To Say |

Please answer on behalf of parent/guardian

Parent / Guardian 1

- Employed Full Time
- Employed Part Time
- Student
- Unemployed
- Registered Carer
- Other/Prefer Not To Say

Parent / Guardian 2

- Employed Full Time
- Employed Part Time
- Student
- Unemployed
- Registered Carer
- Other/Prefer Not To Say

Office Use Only - Membership Renewals

Renewal Due	Renewal Paid (Date)	Details Checked ✓	Consent Checked ✓	Signed (Parent/Carer)	Date

Please complete new form after 3rd renewal as per data protection policy.