



MEMBERSHIP FORM

Rainbow Parents Carers Forum, 7 Mansfield Road, Nottingham NG1 3FB
Email: admin@rainbowpcf.org.uk Website: www.rainbowpcf.org.uk

ABOUT YOU

Name(s)

Address

Telephone Postcode

Mobile

Email

ABOUT YOUR CHILD(REN) with a disability or additional need

Child/Young Person (CYP)

	CYP1	CYP2	CYP3	CYP4
Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
DOB	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
School				
Mainstream	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Special	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disability or additional needs				
Physical Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sensory Impairment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Complex Health Needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Autistic Spectrum Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visual Impairment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Communication Difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Limiting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OTHER INFORMATION

How did you find out about the forum?

Do you belong to any local or national support groups or network? (please specify)

Which of the following does your family access? Health Services Parent Support Groups Social Services Other Support Services

I consent to this information being used solely by Rainbow Parents Carers Forum. This information will not be shared with any other organisation without your permission. Please visit www.rainbowpcf.org.uk/privacy-policy for more information.

Member's Signature:

Date:



MONITORING (OPTIONAL)

If you are able, please help us to monitor our membership by completing this section so that we are able to target our services and funding more appropriately in the future:

ETHNICITY

White British	<input type="checkbox"/>	Other White	<input type="checkbox"/>	Irish	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>
Black British	<input type="checkbox"/>	White/Black Caribbean	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>	Other Asian	<input type="checkbox"/>
Asian British	<input type="checkbox"/>	White/Black African	<input type="checkbox"/>	African	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Other Mixed British	<input type="checkbox"/>	White/Asian	<input type="checkbox"/>	Indian	<input type="checkbox"/>	Traveller	<input type="checkbox"/>
Other British	<input type="checkbox"/>	Other Mixed	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	Please specify	<input type="text"/>

ANY OTHER INFORMATION

If there is any other information you feel we should know, please write it here:

