FLASH

Family Liaison Autism Support - Havant

FLASH MEMBERSHIP FORM

NAME OF PARENT OR ORGANISATION ……

ADDRESS (INCLUDING POST CODE) ……

……

EMAIL ADDRESS ……..

CONFIRM EMAIL ADDRESS……

PLEASE REMEMBER THAT EMAIL ADDRESSES ARE CASE SENSITIVE.

CONTACT NUMBERS: HOME ……... MOBILE ……

(If you change your details, PLEASE let us know)

NAME AND DATE OF BIRTH OF FAMILY MEMBER WITH AN AUTISTIC SPECTRUM DISORDER:

……

SCHOOL ATTENDED ……

NATURE OF CONDITION:

AUTISTIC SPECTRUM DISORDER ASPERGERS SYNDROME COMMUNICATION DIFFICULTY

(PLEASE CIRCLE) OTHER ……..(PLEASE STATE)

NAMES OF OTHER CHILDREN AND DATES OF BIRTH:

……

……

……..

HOW DID YOU HEAR ABOUT FLASH? ……

ARE YOU WILLING TO ALLOW INFORMATION TO BE HELD ON A DATABASE FOR ADMINISTRATION PURPOSES ONLY AND NOT PASSED ON TO A THIRD PARTY? YES/NO

ARE YOU WILLING FOR PHOTOGRAPHS OF YOUR FAMILY TO BE USED ON THE FLASH WEBSITE? YES/NO

ARE YOU WILLING FOR PHOTOGRAPHS OF YOUR FAMILY TO BE USED IN FLASH PUBLICITY MATERIAL (NEWSPAPERS, POSTERS, LEAFLETS)? YES/NO

PLEASE RETURN TO: MRS KERRY FOSTER, 322 MIDDLE PARK WAY, HAVANT, HANTS P09 5DS

FLASH WEBSITE: WWW.FLASHONLINE.ORG.UK

FOR OFFICIAL USE

MEMBERSHIP NUMBER……..

Registered Charity Number 1104885