

**Can you please complete the following personal details. The information collected will be treated with strictest Confidence and your information will not be passed to any other organisation.**

**PLEASE COMPLETE AND RETURN TO NICOLA CORBETT, SECRETARY OF BANG USING THE ENCLOSED ENVELOPE.**

NAME OF PERSON COMPLETING FORM\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE COMPLETED\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOME ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_POSTCODE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOME TEL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MOBILE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-MAIL ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WE WILL ADD YOU TO OUR EMAIL LIST TO KEEP YOU UPDATED ON NEWS AND EVENTS FROM BANG.

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| WOULD YOU LIKE TO BE CONTACTED BY EMAIL WITH INFORMATION ON THE FOLLOWING? |
| EVENTS | YES / NO |
| WORKSHOPS | YES / NO |
| ADDITIONAL SUPPORT INFORMATION | YES / NO |
| INFORMATION FROM OUTSIDE AGENCIES VIA BANG | YES / NO |
| I HAVE READ AND UNDERSTOOD THE PRIVACY STATEMENT FROM BORDERS ADDITIONAL NEEDS GROUP (BANG) | YES / NO |

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| FAMILY MEMBERS DETAILS |
|  | NAME | PARENT OR CARER | DATE OF BIRTH | GENERAL DESCRIPTION OF ADDITIONAL NEEDS | DO THEY USE A WHEELCHAIR OR BUGGY |
| ADULT |  |  |  |  |  |
| ADULT |  |  |  |  |  |
| CHILD |  |  |  |  |  |
| CHILD |  |  |  |  |  |
| CHILD |  |  |  |  |  |
| CHILD |  |  |  |  |  |

Website address: <http://www.bordersadditionalneeds.org/> E-mail: info@bordersadditionalneeds.org

**BANG Photographic Permission**

I/we the undersigned agree to photographs or video of my/our child/children taken during events organised by Borders Additional Needs Group (BANG) to be used for Group publications or website and/or to publicise BANG in the press. PLEASE SELECT YOUR PREFERENCES.

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| **BANG Photographic Permission**  |
| **DATE** | **NAME OF CHILD** | **WEBSITE** | **SOCIAL MEDIA** | **PRESS** | **THIRD PARTIES** |
|  |  | Yes /No | Yes /No | Yes /No | Yes /No |
|  |  | Yes /No | Yes /No | Yes /No | Yes /No |
|  |  | Yes /No | Yes /No | Yes /No | Yes /No |
|  |  | Yes /No | Yes /No | Yes /No | Yes /No |
|  |  | Yes /No | Yes /No | Yes /No | Yes /No |

Signed (Parent or Guardian)

Print Name Date

|  |
| --- |
| **Borders Additional Needs Group (BANG) administration use only** |
| Date form received |  | Signed (Secretary) |
| Date presented to Board of Trustees |  |  |
| Board decision | Application accepted Yes / No | Signed (Chairperson) |
| Date welcome information sent |  | Signed (Secretary) |