

**For official use only**  
 Membership  
 Number: \_\_\_\_\_  
**GDPR**

## CONTACT/MEMBERSHIP FORM

**Must be completed by parent or guardian**

Parent(s) Name(s).....

Address.....

Postcode.....Telephone Number.....

E-mail address.....

|                       |     |                    |
|-----------------------|-----|--------------------|
| Child(ren)s Name..... | M/F | Year of Birth..... |
| Name.....             | M/F | Year of Birth..... |
| Name.....             | M/F | Year of Birth..... |
| Name.....             | M/F | Year of Birth..... |

For information only: (please fill in only those details that you are comfortable with)

Tick any known behavioural difficulties or diagnosis: AD/HD ; Asperger's ; Autism ; ODD

Dyslexia ; Dyspraxia ; OCD ; PDA ; Sensory

Other.....

Where did you hear about SPACE.....

Would you be able to help in any way?.....YES/NO.....

**How we use your data:** Your data will be stored securely on a password protected computerised system and will ONLY be used within the group in order to keep you informed. We will NOT share your data with any other person or organisation unless required by law or legal government department.

Signed.....Date.....

(parent/guardian)

**Annual membership of £5.00 per family is due on 1<sup>st</sup> April each year.**

(Please tick as appropriate)

Cheque (made payable to 'SPACE Support Chesham')

Cash

BACS (Sort code: 30-91-91 Account No: 00908455 **Quote your name as a reference**) Please send this form with your payment to: SPACE Support Chesham & South Bucks, c/o 16 Vale Rise, Chesham, Bucks. HP5 2BG

Supporting **P**arents of / **A**utistic Spectrum Disorder / ADHD/  
 Behaviourally Challenging **C**hildren  
 Through **E**ncouragement and Education.



Roland  
 Callingham  
 Foundation