

Child 3 Name:	Disability y/n
D.O.B. Gender M/F	Diagnosis
Ethnicity (see attached for category)	School type (please select one of following): Mainstream/S.R.P./Specialist/ Further Education/Home education
Child 4 Name:	Disability y/n
D.O.B. Gender M/F	Diagnosis
Ethnicity (see attached for category)	School type (please select one of following): Mainstream/S.R.P./Specialist/ Further Education/Home education

MEMBERSHIP FEES FOR FAMILIES

Membership runs from 1st April to 31st March and costs **£24 per family**. Membership taken out part way through the year is calculated on a pro-rata basis as follows:-

APRIL	MAY	JUNE	JULY	AUGUST	SEPT	OCT	NOV	DEC	JAN	FEB	MAR
£24	£22	£20	£18	£16	£14	£12	£10	£8	£6	£4	£2

For eg. If membership is taken out on 23rd September then £14 is payable.

Concessionary membership is offered at a reduced rate if you are dependent on state benefit/pension or in full-time education (**please send documentary proof with membership form**). As a concessionary member you will receive the same benefits and entitlements as other members. Membership taken out part way through the year is calculated on a pro-rata basis as follows:-

APRIL	MAY	JUNE	JULY	AUGUST	SEPT	OCT	NOV	DEC	JAN	FEB	MAR
£6	£5.50	£5	£4.50	£4	£3.50	£3	£2.50	£2	£1.50	£1	£0.50

Enclosed: Membership fee: £ _____
 Concessionary Membership* £ _____
 Donation: £ _____
 Total: £ _____

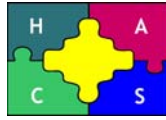
*** include documentary proof with membership form**

As a voluntary organisation we rely on donations so we ask those people who can afford it to make a small donation when taking out membership.

I no longer wish to be a member - please remove me from your mailing list Y/N

As a tax payer I would like any donation I give to Hillingdon Autistic Care and Support to qualify for tax relief under the new 2002 Gift Aid Scheme. Y/N

Signature: _____ **Date:** _____



Hillingdon Autistic Care and Support
Registered Charity No 1066859

MONITORING INFORMATION

Please study the list below and indicate on the membership form the ethnic background of each member of the family.

How would you describe your ethnic origin?

(categories from 2001 census classification of race in line with ESF reporting requirements)

Black African

Black Caribbean

Black Other

Chinese/South East Asian

White British

White Irish

White Other

Indian

Pakistani

Bangladeshi

Other Asian Background

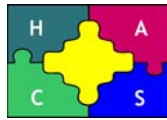
Mixed Race

Other Ethnic Group

I do not wish an ethnic background category to be recorded

Please note:

Our ethnic background describes how we think of ourselves. This may be based on many things, including for example, our skin colour, language, culture, ancestry or family history. Ethnic background is not the same as nationality or country of birth.



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HACS MEMBERS SURVEY

HACS are continually evaluating the services we offer to members so we would appreciate it if this short survey could be completed.

NAME:

DATE:

Please tick the services that you are likely to use and would like us to continue to provide:-

1. Training

Workshops

Conferences

What other training would you wish to see provided?

2. Recreational activities for children

Playscheme

Regular weekly Youth Group

Sibling respite days

What other recreational activities would you wish to see provided?

3. Recreational activities for the family

Christmas Party

Other seasonal Party eg Halloween

Family Barbeque and fun day

What other recreational activities would you wish to see provided?

4. Recreational activities for parents/carers

Quiz night

Grand Summer Ball

Shopping trip eg Brighton

What other recreational activities would you wish to see provided?

5. Monthly Support Groups

Monthly morning support group

Monthly evening support group

6. Family Support Work

- Disability Living Allowance
- Mobility/Blue Badge
- Education issues
- Medical issues
- Adults with an ASD/Asperger's syndrome
- General support and advice

7. HACS information

- Newsletter
- Emailed information

Is the information provided by HACS sufficient? What other information would you wish to see provided?

If you would prefer HACS to send information via email please supply email address

8. What do you think is the best service provided by HACS and why?

9. What do you like least about the services provided?

10. Volunteering

Would you be willing to volunteer in any way?

Yes No If yes, in what way?

- Organising tea and coffee
- Typing/data inputting
- Photocopying
- Putting up posters
- Advocating for H.A.C.S. at various events (e.g. Carer's Fair)
- Helping organise events (e.g. Fetes, Bazaars)
- Participating in Christmas/Valentine wrapping at shopping centre
- Taking notes at the meetings
- Accompanying a new member to early meetings
- Transport for people without cars
- Other (please give details below:-)

11. Do you have any other comments you wish to add?

Please complete and return this form to: -
Hillingdon Autistic Care and Support, Dudley Place, Off Pinkwell Lane, Hayes, Middlesex, UB3 1PB.
Tel 0208 606 6780