



MEMBERSHIP FORM - FAMILIES

HACS are committed to supporting those affected by an autistic spectrum condition and is committed to taking positive action; to be inclusive of all sections of the community, in every aspects of its work. It aims to prevent exclusion and challenge discrimination in all service delivery.

Please complete this form in BLOCK CAPITALS and return to: **H.A.C.S Resource Centre, Dudley Place, Off Pinkwell Lane, Hayes, Middlesex, UB3 1PB. Tel 0208 606 6780**

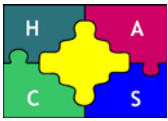
PARENT/CARER DETAILS

Parent/Carer (1) Title: Mr/Mrs/Miss/Ms Name: Ethnicity (see attached for category)	Email: Tel No. Day: Tel No. Eve: Mobile: Disability y/n
Parent/Carer (2) Title: Mr/Mrs/Miss/Ms Name: Ethnicity (see attached for category)	Email: Tel No. Day: Tel No. Eve: Mobile: Disability y/n
Main Address: Postcode:	You are a: (please tick) Family <input type="checkbox"/> Organisation/school <input type="checkbox"/>
Which Local Education Authority do you come under?	

CHILDREN'S DETAILS

Child 1 Name: D.O.B. Gender M/F Ethnicity (see attached for category)	Disability y/n Diagnosis Name of School: School type (please select on of following): Mainstream/S.R.P./Specialist/ Further Education/Home education
Child 2 Name: D.O.B. Gender M/F Ethnicity (see attached for category)	Disability y/n Diagnosis Name of School: School type (please select on of following): Mainstream/S.R.P./Specialist/ Further Education/Home education

Please continue overleaf



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Gift Aid Declaration - for past, present and future donations

Hillingdon Autistic Care and Support

Please treat as Gift Aid donations all qualifying gifts of money made

Today In the past 4 years In the future

Please tick all boxes you wish to apply.

I confirm I have paid or will pay an amount of Income Tax and/or Capital Gains Tax for each tax year (6 April to 5 April) that is at least equal to the amount of tax that all charities that I donate to will reclaim on my gifts for that tax year. I understand the charity will claim 28p of tax on every £1 that I gave up to 5 April 2008 and will reclaim 25p of tax on every £1 that I give on or after 6 April 2008.

Donor's details

Title.....First Name or initials.....

Surname.....

Full home address.....

.....

.....Postcode.....

Date..... Signature.....

Please notify the charity if you:-

- Want to cancel this declaration
- Change your name or home address
- No longer pay sufficient tax on your income and/or capital gains

If you pay Income Tax at the higher or additional rate and want to receive the additional tax relief due to you, you must include all your Gift Aid donations on your Self Assessment tax return or ask HM Revenue and Customs to adjust your tax code.



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 background?

(categories in line with 2011 census classification)

White:-

White British
White Irish
White Gypsy or Irish Traveller
Any other White background

Mixed/multiple ethnic group:-

White and Black Caribbean
White and Black African
White and Asian
Any other mixed/multiple ethnic group

Asian/Asian British:-

Indian
Pakistani
Bangladeshi
Chinese
Any other Asian background

Black/African/Caribbean/Black British:-

African
Caribbean
Any other Black/African/Caribbean
background

Other ethnic group:-

Arab
Any other ethnic groups

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.



Hillingdon Autistic Care and Support
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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 children's club (age 3 to 10 yrs)
Regular Youth Group (age 11 to 25 yrs)

What other recreational activities would you wish to see provided?

3. Recreational activities for the family

Seasonal activities eg Halloween, Christmas fun days
Family Barbeque and fun day

What other recreational activities would you wish to see provided?

4. Recreational activities for parents/carers

Quiz night
Dinner and dance
Shopping trip eg Brighton
Carers' day

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?

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