



Space4Autism Registration Form

Please note: If you would like to access the clubs for children and young people then you will also need to complete a "Club Registration Form" for more details email info@space4autism.org

Child/Adult with ASC or awaiting diagnosis	
Surname	
Forename	
Address	
Postcode	
Home telephone	
mobile telephone	
Email address	
D.O.B	
Gender	
Ethnicity	
Emergency Contact Name	
Emergency Contact Number	
Relationship	
Employment status please highlight	School/ College/ Employed / Unemployed / Retired / Volunteer
Disability (please circle)	Autism / Autism & ADHD/ Autism & Dyspraxia
Current Situation	Waiting list / Diagnosed
Any Medical Conditions	
GP Surgery	
Communication Method	Verbal, PECS, PODD Book, Makaton, British Sign Language Other: please state
Consent to emergency Medical Treatment	Yes/No

All participants must fill in a registration form to access this service

Space4Autism, The Space Centre, 15-17 Mill Lane, Macclesfield, Cheshire, SK11 7NN

Website: www.space4autism.com

Charity No: 1141860

Do you require a Club Registration Form (children only)	Yes/No	
Consent		
We will keep/use your information for as long as you are a member (except where we have a responsibility to keep specific information longer) and will only pass it on as described in the privacy notice.	Consent to photographs	Yes/No
	Consent to storage of information	Yes/No
	Consent to be added to the mailing list	Yes/No
Where did you hear about us:	e.g Camhs, GP, School, Friend, Family, Charity, Social Care etc	
Signature:		
Date:		

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FAMILY MEMBERS (Including Mum, Dad and siblings)

Full Name	Male/Female	D.O.B	ASC diagnosed/wait list Y/N

Office Use Only

	Date
Membership card given	
Added to mailing list	
Club Registration form sent if required	
Club Booking form sent if required	