



Space4Autism Membership 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

Information below is for the Child/Adult with ASC or awaiting diagnosis	
Where did you hear about us?	e.g. Camhs, GP, School, Friend, Family, Charity, Social Care etc
Surname	
Forename	
Preferred name	
Address	
Postcode	
Home telephone	
Mobile telephone for main contact	
Email address for main contact	
Alternative emergency contact name	
Emergency contact number	
Relationship to emergency contact	
Please circle what best describes the person above	Waiting for an assessment / Formally Diagnosed
Please circle the disability of the person above	Autism / Autism & ADHD/ Autism & Dyspraxia/Undiagnosed
Gender of the person above	
D.O.B of the person above	

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

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Ethnicity of the person above		
GP Surgery of the person above		
Employment status of the person above	School/ College/ Employed / Unemployed / Retired / Volunteer	
Any Medical Conditions of the person overleaf i.e. Asthma		
Children only- Do you require a Club Registration Form (must be a resident in Cheshire East)	Yes/No	
Consent to emergency Medical Treatment	Yes/No	
Communication Method	Verbal, PECS, PODD Book, Makaton, British Sign Language Other: please state	
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
Signature:		
Date:		

KEY CONTACTS (Including Mum, Dad, Siblings, Partner, P.A)

Family members can access our workshops, and Open Space sessions.

Siblings can come along to the afterschool club, Space4All school holiday club and attend our Art sessions

Full Name	Male/Female	D.O.B	Relationship to member

Office Use Only

	Date
Membership card given	
Club Registration form given or sent if required	
Training Programme/ Brochure/ What's on Guide sent	

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Any Signposts	
Time Spent	
Classification Code	

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