

Gift Aid

If you are a UK taxpayer and would like to make your donation worth nearly a third extra by enabling us to reclaim tax on it, please complete the following declaration:

Please treat all donations I have made to **autism.west midlands** since 6 April 2000, and all donations I make from _____ / _____ / _____ (today's date) as Gift Aid donations until I notify you otherwise.

Signature: _____

Note: You must pay an amount of income and/or capital gains tax at least equal to the tax that we reclaim on your donations in the tax year (currently 28p for each £1 you give). Please notify us if your circumstances change and you no longer meet the above condition.

Please complete the following questions as applicable

Please indicate your interest in autism

- parent/carer person with an autistic spectrum disorder (asd)
 professional other (please state) _____

Name of the person with asd: _____

Date of Birth: _____ Male Female Age at formal diagnosis: _____

Diagnosis: (please tick the box which most closely matches the diagnosis given)

- | | |
|---|--|
| <input type="checkbox"/> autistic spectrum disorder | <input type="checkbox"/> classic/mainstream autism (aka Kanner syndrome) |
| <input type="checkbox"/> Asperger syndrome | <input type="checkbox"/> autistic tendencies/characteristics |
| <input type="checkbox"/> high functioning/able autism | <input type="checkbox"/> other: _____ |
| <input type="checkbox"/> semantic pragmatic disorder | |

Which Local Authority area does the person with asd live in? _____

- Please tick if you are happy to be approached by autism.west midlands for information about the services the person with asd is currently accessing

Signature(s) _____ Date _____

Note: By signing above you are signalling your consent for autism.west midlands to hold and process the information contained in this form until you notify us otherwise, and to disclose this information to the other companies within the autism.west midlands group as may be required in carrying out their business. This information will not be disclosed to any third parties without prior consent.

Please notify us of any changes to the information contained in this form.



Please send completed form and payment (enclosing an SAE if you would like a receipt) to:

**Membership Secretary
autism.west midlands
18 Highfield Road
Edgbaston
Birmingham
B15 3DU**



We are currently undertaking research to establish how we can better meet the needs of the different ethnic communities within the West Midlands region. As part of this process, we are compiling statistics on the ethnic origins of our membership.

We would therefore be grateful if you could complete the following questions and return this sheet to: Membership Secretary, **autism.west midlands**, 18 Highfield Road, Edgbaston, Birmingham B15 3DU.

This form can be returned together with your Membership Application Form to save postage costs.

Thank you for your help.

Please complete this section ONLY if YOU have been diagnosed with an autistic spectrum disorder.

Please tick the box which best describes your ethnic origin.

- | | |
|--|---|
| <input type="checkbox"/> African | <input type="checkbox"/> Pakistani |
| <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> White British |
| <input type="checkbox"/> Black or Black British | <input type="checkbox"/> White Irish |
| <input type="checkbox"/> Caribbean | <input type="checkbox"/> Any other Asian background |
| <input type="checkbox"/> Chinese or other Ethnic group | <input type="checkbox"/> Any other Black background |
| <input type="checkbox"/> Indian | <input type="checkbox"/> Any other Mixed background |
| <input type="checkbox"/> Mixed White and Asian | <input type="checkbox"/> Any other White background |
| <input type="checkbox"/> Mixed White and Black African | <input type="checkbox"/> Asian or Asian British |
| <input type="checkbox"/> Mixed White and Black Caribbean | <input type="checkbox"/> Any other |

Please complete this section ONLY if you are the PARENT/CARER of someone with an autistic spectrum disorder.

Please tick the box which best describes your ethnic origin.

- | | |
|--|---|
| <input type="checkbox"/> African | <input type="checkbox"/> Pakistani |
| <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> White British |
| <input type="checkbox"/> Black or Black British | <input type="checkbox"/> White Irish |
| <input type="checkbox"/> Caribbean | <input type="checkbox"/> Any other Asian background |
| <input type="checkbox"/> Chinese or other Ethnic group | <input type="checkbox"/> Any other Black background |
| <input type="checkbox"/> Indian | <input type="checkbox"/> Any other Mixed background |
| <input type="checkbox"/> Mixed White and Asian | <input type="checkbox"/> Any other White background |
| <input type="checkbox"/> Mixed White and Black African | <input type="checkbox"/> Asian or Asian British |
| <input type="checkbox"/> Mixed White and Black Caribbean | <input type="checkbox"/> Any other |

Please tick the box which best describes the ethnic origin of the CHILD / ADULT cared for with an autistic spectrum disorder.

Please tick the box which best describes your ethnic origin.

- | | |
|--|---|
| <input type="checkbox"/> African | <input type="checkbox"/> Pakistani |
| <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> White British |
| <input type="checkbox"/> Black or Black British | <input type="checkbox"/> White Irish |
| <input type="checkbox"/> Caribbean | <input type="checkbox"/> Any other Asian background |
| <input type="checkbox"/> Chinese or other Ethnic group | <input type="checkbox"/> Any other Black background |
| <input type="checkbox"/> Indian | <input type="checkbox"/> Any other Mixed background |
| <input type="checkbox"/> Mixed White and Asian | <input type="checkbox"/> Any other White background |
| <input type="checkbox"/> Mixed White and Black African | <input type="checkbox"/> Asian or Asian British |
| <input type="checkbox"/> Mixed White and Black Caribbean | <input type="checkbox"/> Any other |