**Family programme events booking form**

**Knowing your child’s rights - Expert Parent Programme**

What to do if your first language is not English?

If you need help filling in this form, please call 0121 234 9832. If you prefer to speak in a language other than English, tell us the language of your choice and your phone number (in English). We’ll call you back with an interpreter within a few minutes.

Please complete this form to register your place on the event you would like to attend

Event name: Please select an event

Event date: Click here to enter a date

You must ensure that you have the permission of any adults before providing their details. Our standard privacy statement applies: https://www.ndcs.org.uk/privacy-policy/

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Full name and title (Mr/Mrs/Miss/Dr etc) | Relationship to deaf child(ren) | Male/female | Deaf/hearing | Ethnicity\* |
| Adult 1 | Click here to type | Click here to type | Select | Select | Select |
| Adult 2 | Click here to type | Click here to type | Select | Select | Select |

 \* We will use this information for monitoring purposes only

Address: Click here to type

Postcode: Click here to type

Tel no: Click here to type If deaf SMS only, please tick here 

Mobile no: Click here to type If deaf SMS only, please tick here 

Email address: Click here to type

###### **Venue requirements**

1. Does any adult have any specific dietary requirements, for example, vegetarian, halal, vegan, gluten free etc? Please select

 If YES, please specify what is required and who needs this: Click here to type

2. Any other venue requirements? Click here to type

###### **Additional support and communication requirements**

1. Does any adult require the use of an interpreter in another language, for example British Sign Language, Welsh, Urdu, Punjabi, Polish, etc.: Please select

 Name of person needing an interpreter: Click here to type

 Please specify language interpreter needed: Click here to type

2. Does any adult require another form of communication support, for example note taker, palantypist? Please select

 Name of person needing other communication support: Click here to type

 Please specify support required: Click here to type

3. Do any adults in your family have a disability/medical condition that we need to be
aware of?

 Name of person: Click here to type

 Please specify: Click here to type

###### **Other information**

1. Where did you learn about this event? Click here to type

2. Have you been to a National Deaf Children’s Society event before? Please select

 If yes, please name the event: Click here to type

3. What is the main language(s) used at home (e.g. English, British Sign Language, Welsh, Punjabi)? Click here to type

###### **Your deaf child(ren)**

1. Name Click here to type

2. Date of birth Click here to enter a date

3. What age was your child at time of diagnosis? Please select

4. What is your child’s preferred method of communication? (tick as many as apply):

 Speech  Too young to say  BSL  SSE 

 Makaton  Cued speech  Other Click here to type

5. Please indicate your child’s degree of deafness:

 **Left ear**: Mild  Moderate  Severe  Profound  Unilateral (one ear) 

 Awaiting diagnosis  Unknown Hearing 

 **Right ear**: Mild  Moderate  Severe  Profound  Unilateral (one ear) 

 Awaiting diagnosis  Unknown  Hearing 

6. Please indicate your child’s deafness type:

 **Left ear:** Please select **Right ear:** Please select

 Does your child have Glue Ear? If so which ear(s) Please select

 Additional information: Click here to type

7. Please tell us the equipment used:

 **Left ear:** Please select **Right ear:** Please select

 Does your child use a Radio aid? Please select

 Other (please specify which ear/ears): Click here to type

8. Does your child have any disabilities or medical conditions? Please select

 If yes, please give further details: Click here to type

If you have more than one deaf child, please attach their details as listed above on a separate sheet

###### **Local deaf children’s societies**

We also work with independent local deaf children’s societies. If you would like us to share your contact details with your nearest society so they can advise you of activities in their area, please let us know:

Please select

###### **Membership of the National Deaf Children’s Society**

Our events are open to the National Deaf Children’s Society members only. If you are not already a member, by completing this booking form you agree to become a member of the organisation. Membership is free of charge for parents and carers of deaf children aged 0 to 25. We may need to contact you for further information about your membership.

###### **Booking conditions**

1. All bookings will be acknowledged within seven days and event information will be sent at least two weeks before the event.
2. We are not able to take provisional bookings over the phone. Bookings will only be accepted on receipt of this booking form.
3. We reserve the right to amend the event date or cancel the event due to circumstances beyond our control. We will give all delegates maximum practical notice of any cancellation or change.

###### **Communication and data permissions**

National Deaf Children’s Society will use the information you give us so that we can support you now and in the future, and keep you informed about the benefits and services that we offer. We may share information with other organisations working for us (such as a venue if you attend one of our events), but we’ll only share what we need to. We will never give any other organisation your data for their own purposes.

 Yes, I’m happy with this.

Please note that in order to become a member and access this event, you must tick this box.

We would also like to contact you from time to time about other ways in which you can be involved with the charity, including about our fundraising and campaigning work.

I’m happy to receive information about campaigns, fundraising and other ways of getting involved:

 by email  by phone  by SMS

If you decide that you’d prefer not to receive certain communications, that you don’t want to hear from us at all or no longer wish us to process your data, you can contact our Membership team on 020 7014 5901 (v) between 9am and 5pm Monday to Friday or email membership@ndcs.org.uk. For full details on how we process your data please read our privacy statement at https://www.ndcs.org.uk/privacy-policy/

###### **Cancellation agreement**

The National Deaf Children’s Society events are primarily funded from donations from members of the public.

Our events are very popular and we often have a waiting list, so if some people book but don’t come, or cancel very late in the day that means another family misses out. It also means we waste precious funds.

By signing and returning your booking form to us you are agreeing to inform us as soon as you can if you are unable to attend the event.

Signature: Please sign here

Date: Click here to enter a date.

Please send in your booking form as soon as possible to:

Wendy Gallagher, The National Deaf Children’s Society, Quay Place,

92-93 Edward Street, Birmingham, B1 2RA

Contact details: Tel: 028 9332 4010 / 07968 143165 Email: events@ndcs.org.uk

The National Deaf Children’s Society is a registered charity in England and Wales no. 1016532 and in Scotland no. SC040779