

MEMBERSHIP FORM

Name: _____

Address: _____

_____ Post Code: _____

Tel/Mob: _____

Email: _____

Please tick box if you object to pictures of your child being printed in any of our publications

Are you

A Family with a deaf child

A Supporter of DDCS

A Relative of a deaf child

Work with deaf children

Other (please specify) _____

Deaf child (1)

Name: _____

Date of Birth: _____ Gender: _____

Hearing Loss: Bilateral Unilateral Conductive

Mild Moderate Severe Profound

Sign Language Cochlear Implant Hearing Aids Other _____

Any other needs: _____

Deaf child (2)

Name: _____

Date of Birth: _____ Gender: _____

Hearing Loss: Bilateral Unilateral Conductive

Mild Moderate Severe Profound

Sign Language Cochlear Implant Hearing Aids Other _____

Any other needs: _____

Sibling (1)

Sibling (2)

Name: _____ Name: _____

Date of Birth: _____ Gender: _____ Date of Birth: _____ Gender: _____

Sibling (3)

Sibling (4)

Name: _____ Name: _____

Date of Birth: _____ Gender: _____ Date of Birth: _____ Gender: _____

Dorset Deaf Children's Society holds personal and special category data (relating to deafness and additional medical needs) on our secure database. This information has been provided by you. We store this information to enable us to contact you and ensure your family's safety at our events. We will never share this information with third parties.

Please rest assured that all information held by Dorset DCS will remain confidential, safe and secure. If you have any questions please do not hesitate to contact us. Please visit our website www.dorsetdcs.co.uk for our privacy policy and more information. If you have any specific contact preferences please let us know, otherwise we will use the contact information you have provided within your membership.

Please tick this box to confirm you have read and understood the above