



Brain Injured Children Trust

We support families who have chosen to undergo an intensive home-based therapy program.

www.braininjuredchildrentrust.co.nz

MEMBERSHIP APPLICATION FORM

Family Name

Parents/Caregivers Name

Child's Name

Date of Birth

 /

Address

Suburb

Town/City

Phone

Fax

Mobile

Email

Description of Brain Injury (eg: Cerebral Palsy, Down Syndrome)

Currently participating in Home Based Neuro-Developmental Therapy Program (NDTP)?

Yes No if Yes, please attach NDTP Program

If No, what Home Based NDTP do you wish to undertake? _____

List of Equipment you currently have that could be donated to our stores for allocation to other families

How would you describe your national Identity:

European

Maori

Pacific Island

Asian

Indian

Middle Eastern

Other

Annual Membership Subscription Fee: \$30.00

If you wish to include an additional donation, please do so as any extra donations are appreciated.

Optional donation \$20.00 \$50.00 \$100.00

Total amount of \$_____ being paid by:

Cheque made out to 'Brain Injured Children Trust'

Direct Credit – bank account details 031549 0132566 00

Please enclose with this application:

1. Personal Profile of applicant
2. Letters of reference from your social worker, doctor, needs assessment person or Disability Organisation.
3. Photo of applicant (emailed photo acceptable)
4. Copy of Birth Certificate
5. NDTP Program if applicable

Declaration: I solemnly declare that the information provided here and on any supplementary sheets is true and correct.

Name

Signature

Date

CONSENT FOR USE OF IMAGE/LIFE STORY

I hereby voluntarily provide consent for Brain Injured Children Trust to use information in relation to myself and my children under the age of 18 years of age for their promotional purposes.

This consent includes using my own and my children's photographs, life stories, statements and video and digital images for the following purposes:

- to be included in newsletters of Brain Injured Children Trust.
- to be included in brochures and promotional material of Brain Injured Children Trust and Neuro Developmental Therapy Program.
- to be included on the Brain Injured Children Trust website.
- Other promotional material.

I declare that I have been adequately informed as to the purpose of the use of my information and have voluntarily provided this information and consent.

Name

Signature

Date

RELEASE OF DETAILS FOR REFERRAL

I hereby provide consent for Brain Injured Children Trust to provide my information in relation to myself and my children under the age of 18 years to other relevant organisations and families.

- This information will be used to refer my family to organisations for services and support. Yes No
- This information will be used to refer my family to other families who are members of Brain Injured Children Trust for services and support. Yes No
- This information will be used to refer my family to other families who are enquiring into the services and support of Brain Injured Children Trust and the Neuro-Developmental Therapy Programs.
 Yes No

Name

Signature

Office Use Only

- Copy of Birth Certificate
- Applicant personal profile
- Letter of reference
- Database Number DB

Fee paid by Cheque Direct Credit

- Declaration signed
- Consent for use image/life story
- Photo of Applicant

Referral consent to

organisations Yes No

member families Yes No

enquiring families Yes No

- Referral consent signed
- Entered in Database Date
- Add to email address book Date
- Referral consent signed
- Facebook Group