**Cerebral Palsy Northamptonshire**

For People with Cerebral Palsy

Cerebral Palsy Northamptonshire (formerly Northampton and County Spastics Society/Scope Northamptonshire) is a County-wide organisation for people with any form of cerebral palsy, including hemiplegia, diplegia, ataxic/athetoid or dyskinetic palsy and quadriplegia, together with their families and carers. Existing members without these conditions will still be members.

Application for Membership Registration of Cerebral Palsy Northamptonshire can be made by detaching pages 2 & 3 after entering the personal details requested and sending to the address below.

Members benefit from access to a range of services: a newsletter is mailed to all registered members, and social events are organised. Members can also make personal application for financial assistance to purchase items of approved equipment and services.

Cerebral Palsy Northamptonshire

c/o 36 Wickery Dene, Wootton Fields, Northampton, NN4 6BE

TEL: 07443 562739

E-Mail: cerebralpalsynorthamptonshire@hotmail.co.uk

**Membership Registration Application**

Cerebral palsy is the name given to a group of conditions in which there is a disturbance in the way the brain controls the muscles of the body. The condition has different causes and affects each person differently.

This means that people with cerebral palsy have unique needs based on the disabilities they may experience as a result of their condition.

It is estimated that between 2 and 3 people out of every 1000 will have cerebral palsy. To date there is no cure for the condition. Many causes of cerebral palsy are still not known or understood. There has been research into some causes of injury and changes that affect the developing brain which relate to cerebral palsy. It is known that the developing brain can be damaged by:

 Exposure to certain infections in early pregnancy

 Reduced oxygen supply during, or after birth

 Exposure to severe infection shortly after birth

**What is cerebral palsy?**

FUNDING FOR Cerebral Palsy Northamptonshire

Cerebral Palsy Northamptonshire is a registered charity and all of our services are funded through donations, legacies, grants and fundraising efforts either by the group or by other agencies on behalf of the group. The degree of help and assistance that can be given by us is directly related to the funds that we can raise.

**Application to Register Membership of Cerebral Palsy Northamptonshire**

All information given is confidential and will not be passed to any organisation outside of Cerebral Palsy Northamptonshire. The supply of personal details is voluntary and helps us monitor and assess the needs of our members.

Membership is open to:

**1. Client Group Membership—Anyone with a form of cerebral palsy (cp) together with parent(s) / carer.**

**2. Associate membership—Individuals with an interest in the work of Cerebral Palsy Northamptonshire**

Please tick which membership is appropriate for you

Title (Mr, Master, Miss, Mrs, Ms) Forename:

Surname Date of Birth:

Residential Address:

Post code

Primary disability/diagnosis:

Other diagnosis:

Tel No: E-mail:

Mobile: Are you happy to have your newsletter emailed: yes/no

Name of Parent/Main Carer (if appropriate):

Do you live ? (tick which applies)

With parent(s)

Residential Care

Independently

Are you a regular wheelchair user ?

Yes, Manual

Yes, Motorised

Yes, Both

No

Do you drive your own car ? Yes No

Address for correspondence if different from above:

1 2

**Section 2 (If you have a form of cp or or you are completing the form on behalf of someone with cerebral palsy, please help us by completing this section, if not please move on to section 3**

**Section 1 (to be completed by all applicants)**

Are you in employment ? Yes No

If you are still at school, or attend college, or attend a day centre please indicate the name of the establishment, and the hours attended per week:

Ethnic Monitoring - We recognise that in a multi-racial, multi-cultural society, background and beliefs are important when planning and co-ordinating services.

Ethnic Origin (please circle as appropriate

UK European Other European Asian African Afro-Carrib Chinese Other

I wish to register membership of Cerebral Palsy Northamptonshire.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you have completed and/or signed this form on behalf of the person stated, please indicate your name (BLOCK CAPITALS) and relationship (Parent/carer/other)

Place Hrs/wk

**Section 3 (To be completed by all applicants)**

Main language (please state):