

The Phoenix Group for Deaf Children and Young People Registration Form



Database : ____ / ____ / ____

MailChimp: ____ / ____ / ____

This form is intended to be printed off and handed in or posted to us, if you prefer, you can access our online form when you register <https://www.phoenixgroup.org.uk/registration>

	Mother's full name	Father's full name
Address:		
Postcode:		
Telephone Landline		
Mobile:		
Work:		
Email address:		
Occupation(s):		
Place of work:		
Do you have a hearing loss?	Yes/No	Yes/No
Are you a BSL User?	Yes/ No	Yes/No
Any further information you would like us to know, to enable us to communicate with you effectively.		

Children with a hearing loss

<p>Name and Surname of child: DOB: Boy / Girl: Level of hearing loss: Communication mode used and any additional needs?</p> <p>School attends: Behavioural/ additional / medical needs?</p>	<p>Child 1)</p> <p>BSL / Speech / Non verbal Other</p>	<p>Child 2)</p> <p>BSL / Speech / Non verbal Other</p>
<p>Name and Surname of child: DOB: Boy / Girl: Level of hearing loss: Communication mode used?</p> <p>School attends: Behavioural/ additional / medical needs?</p>	<p>Child 3)</p> <p>BSL / Speech / Non verbal Other</p>	<p>Child 4)</p> <p>BSL / Speech / Non verbal Other</p>

Siblings who do not have a hearing loss

Name of sibling/s DOB Boy/Girl Behavioural/ additional / medical needs?	1)	2)
Name of sibling/s DOB Boy/Girl Behavioural/ additional / medical needs?	3)	4)

How can Phoenix help you most?	
How did you hear about Phoenix?	Word of mouth <input type="checkbox"/> Other parent <input type="checkbox"/> NDCS <input type="checkbox"/> Audiology <input type="checkbox"/> Teacher of the Deaf <input type="checkbox"/> School <input type="checkbox"/> Other? <input type="checkbox"/> (Please explain)

Emergency Contact details

In the event of an emergency and we cannot contact you, we require contact details (two people if possible please)

Person 1		Person 2	
Relationship to Child		Relationship to Child	
Phone		Phone	

Child's Doctor's Name	
Doctor's Address	
Doctor's Telephone Number	

I have read and understood the Phoenix Group Privacy Notice (this can be found on our website www.phoenixgroup.org.uk – Members Documents and Resources)

I am happy to be added to the Phoenix WhatsApp Group (this is where activities information is shared between Phoenix and families)

Photo Consent

(we ask for photo consent as we like to include photos in our Annual yearbook, on our website and social media and provide some to our funders. Please contact us to discuss if this causes you concern).

I do / do not (delete as appropriate) give permission for my child/ren to be photographed for publicity purposes by The Phoenix Group for Deaf Children or by the funders of the activity.

I understand that only first names will be used in any publicity.

Signed:

Print Name:

Relationship with child:

Date:

Please indicate your ethnicity (required by our funders)

Ethnic background	
White	
English/Scottish/Welsh/Northern Irish/UK	
Irish	
Gypsy or Irish Traveller	
Any other white background	
Mixed / Multiple ethnic groups	
Mixed ethnic background	
Asian / Asian UK	
Indian	
Pakistani	
Bangladeshi	
Chinese	
Any other Asian background	
Black/African/Caribbean/Black UK	
African	
Caribbean	
Any other Black/African/Caribbean	
Other ethnic group	
Arab	
Any other	

Our funders require us to monitor the number of families who are on low incomes; this enables us to provide financial assistance on occasions if it may be required. Please indicate which best describes your situation:

In receipt of a means tested benefit	
On low income	

Which of these activities are you interested in?

Phoenix activities and age range (if appropriate)	Please Tick
Phoenix Chicks (0 – 7)	
Cheeky Monkeys (8 - 13)	
Youth Group (11 - 17)	
Phoenix Plus (18 - 30)	
Parent group	
Black Minority Ethnic Group	
Sibling group	
Adult group	
Sign language training	
Language and listening training	
Deaf awareness training	
Telephone training for my child	
Mental Health Counselling	
Other: please give details	

Thank you for taking the time to complete this form, we will be in touch on receipt of it.

Gift Aid: To help us with our fundraising, please let us know if you are willing for any donations to be considered for gift aid below. Thank you.

Gift Aid Declaration



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THE PHOENIX GROUP FOR DEAF CHILDREN

Please treat as Gift Aid donations:

All gifts of money that I have made in the past four years and all future gifts of money that I make from the date of this declaration as Gift Aid donations.

✓ *Please tick the box*

Donor's details

Title: Initial(s): Surname:

Home address:

Postcode: Today's date:

Signature:

I confirm I have paid or will pay an amount of Income Tax and/or Capital Gains Tax for each tax year (6 April to 5 April) that is at least equal to the amount of tax that all the charities or Community Amateur Sports Clubs (CASCs), that I donate to, will reclaim on my gifts for that tax year. I understand that other taxes such as VAT and Council Tax do not qualify. I understand the charity will reclaim 25p of tax on every £1 that I give.

Please notify The Phoenix Group for Deaf Children if you:

1. Want to cancel this declaration.
2. Change your name or home address.
3. No longer pay sufficient tax on your income and/or capital gains.

If you pay income tax at the higher rate, you must include all your Gift Aid donations on your Self Assessment tax return if you want to receive the additional tax relief due to you.