

Parent/Carer Details

First Name:	Surname:	Relationship to Child/ren:
Home Phone:	Mobile:	Email:
Do you wish to be added to the Facebook Member's Forum?		
If yes, please write your name as it appears on Facebook:		

Parent/Carer Details

First Name:	Surname:	Relationship to Child/ren:
Home Phone:	Mobile:	Email:
Do you wish to be added to the Facebook Member's Forum? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, please write your name as it appears on Facebook:		

Primary Home Address

Address Line 1:	
Town:	
Postcode:	

Additional Emergency Contact Details (not your details)

First Name:	Surname:	Relationship to Child/ren:
Home Phone:	Mobile:	Email:
Address Line 1:		
Town:		
Postcode:		

Child/ren's Details

Please include all of your children even if they have no hidden impairment

Name:	Sex: F <input type="checkbox"/> M <input type="checkbox"/>	DOB:	
Hidden Impairment	Diagnosis		
	Confirmed	Awaiting	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
Other Notes (Include Allergies, Medications, if looked after child etc):			
School/Nursery/Further Education they currently attend;			
Name:	Sex: F <input type="checkbox"/> M <input type="checkbox"/>	DOB:	
Hidden Impairment	Diagnosis		
	Confirmed	Awaiting	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
Other Notes (Include Allergies, Medications, if looked after child etc):			
School/Nursery/Further Education they currently attend;			
Name:	Sex: F <input type="checkbox"/> M <input type="checkbox"/>	DOB:	
Hidden Impairment	Diagnosis		
	Confirmed	Awaiting	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
Other Notes (Include Allergies, Medications, if looked after child etc):			
School/Nursery/Further Education they currently attend;			
Name:	Sex: F <input type="checkbox"/> M <input type="checkbox"/>	DOB:	
Hidden Impairment	Diagnosis		
	Confirmed	Awaiting	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
Other Notes (Include Allergies, Medications, if looked after child etc):			
School/Nursery/Further Education they currently attend;			

Please use the space below to note any other information which you feel is relevant:

Please read this page thoroughly.

By applying to become a member of WHISH I agree to adhere to the Members Code of Conduct detailed below:

- I understand it is the duty of Members to use their powers, in good faith, to further the purposes of the charity, not for personal, private, or other organisational gain.
- I will not discriminate against, bully, or harass other members or staff. Including (but not exclusively) those involving age, disability, education, ethnicity, gender, language, national origin, political beliefs, race, religion, sexual orientation, marital or family status and socio-economic status.
- I will respect the views, opinions, knowledge, experience and expertise of other members, staff and trustees, at events, in discussions and in other communications channels where they may interact with WHISH and other members.
- As a Member I understand that I will have the right to vote for Trustees at the AGM and have other rights as specified within the constitution, but that the day-to-day governance of the charity is the responsibility of the Trustees.
- I agree to complete the yearly consultation.
- I agree to pay an annual membership fee set by the charity.
- I understand that my details will be held on the Charity's Register of Members and that my name and address will be available to other members if they wish to contact me (please note that if you do not wish for your contact details to be shared, please indicate and all communication will be made through WHISH).
- I may resign at any time but if I resign, I understand that the charity will continue to hold details of past Members as required by the law.

WHISH Trustees and Staff commit to:

- Deliver support and services to our members in pursuit of our charitable objects and strategic aims, in an open, professional, and equitable manner; not for personal, private, or other organisational gain.
- Promote an inclusive environment that is free from harassment, bullying and discrimination.
- Maintain a level of professional knowledge and competence appropriate to our responsibilities.
- To handle feedback, complaints, or grievances from members in a professional manner, in accordance with our policies and procedures.
- WHISH aims to provide a safe welcoming space for all our members and their families at all times.
- Understanding the concept of sharing and turn taking while developing confidence, self-discipline and self-esteem in a caring atmosphere of mutual respect and encouragement.
- Children to develop social skills, foster new friendships. Build new relationships with both other young people and adults. To co-operate and work alongside others while doing something that they enjoy.
- We recognise the importance of planning meaningful tasks to engage the young people in a way to promote positive behaviour while meeting the varied needs of each individual.

