

**Worcestershire Parent and Carers' Council**  
**Generic Member Information Form**

**I/We consent to this information being held on the  
WPCCC database  (Please tick)**

**I am (please tick) a Parent Carer**

**A Representative of a Support Group**

**I am a Practitioner/Professional**

**Name (s):** \_\_\_\_\_

\_\_\_\_\_

Please include Spouse or Partner if you are a parent or carer and they will be participating in family events.

**Support Group Name:** \_\_\_\_\_

**Your Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Mobile:** \_\_\_\_\_

**Email:** \_\_\_\_\_

The information you provide will be treated in the strictest confidence

**Please choose one of the following options:**

\_\_\_\_\_ I am happy to receive information by email.

\_\_\_\_\_ I prefer paper copy posted to my address.

**Only parent carer members need to complete the rest of this form. See end for return address.**

**Child 1 - Name** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

**Child 2 - Name** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

**Child 3 - Name** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

**Child 4 - Name** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

**Which of your children has a disability or additional needs?**

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**What is your child's condition?**

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**Does your child use a wheelchair? Yes / No (please circle)**

**Thank you for completing this form please return to:**

**Worcestershire Parent and Carers' Council,**

**PO Box 727,**

**Worcester City**

**WR5 1WU**

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