



# LOFFA MEMBERSHIP FORM

## January – December 2016

**Name:** \_\_\_\_\_

PLEASE PRINT CLEARLY

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

**Home Tel No:** \_\_\_\_\_

**Mobile No.:** \_\_\_\_\_

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

PLEASE PRINT CLEARLY

### Details of your family member who has Autism:

**Childs Name:** \_\_\_\_\_

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

**Diagnosis:**

Please tick the most appropriate below

PDD-NOS ☐

Autism ☐

High Functioning Autism ☐

Aspergers ☐

ADHD ☐

**Diagnosis obtained by:**

Public / HSE Assessment ☐

Private Assessment ☐

**School Placement:**

*Tick NA if Not Applicable* NA ☐

Mainstream ☐

Choose only 1 most suitable

ASD Unit ☐

Special School ☐

with SNA support? Y / N

Circle one Y =YES or N= No

PRINT Name of School

Name of School

Name of School

**Adult Placement**

*Tick NA if Not Applicable* NA ☐

At home ☐

Working ☐

Residential ☐

Day Service ☐

Full time ☐

Part Time ☐

Full time ☐

Part Time ☐

Full time ☐

Part Time ☐

Name of Residential Placement

Name of Service

How many hours / wk?

Name of Service

### Consent for permission to use photographs

I give permission for photographs of myself and my family including my children taken at any LOFFA events may be used on the LOFFA Facebook page / website / or for LOFFA publicity purposes.

Yes ☐ No ☐

**Please note the above information will not be provided to anyone outside the LOFFA committee and is only being used to correctly understand the profile of our current members.**

**Signature** \_\_\_\_\_

**Date:** \_\_\_\_\_

For Committee Use:

Membership Fee Paid ☐

Membership Card Given ☐



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Mainstream ☐

Choose only 1 most suitable

with SNA support? **Y / N**

Circle one Y =YES or N= No

PRINT Name of School

ASD Unit ☐

Name of School

Special School ☐

Name of School

**Adult Placement**

*Tick NA if Not Applicable* **NA** ☐

At home ☐

Working ☐

Full time ☐

Part Time ☐

Residential ☐

Full time ☐

Part Time ☐

Name of Residential Placement

Day Service ☐

Full time ☐

Name of Service

Part Time ☐

How many hours / wk?

Name of Service

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Circle one Y =YES or N= No

PRINT Name of School

ASD Unit ☐

Name of School

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*Tick NA if Not Applicable* **NA** ☐

At home ☐

Working ☐

Full time ☐

Part Time ☐

Residential ☐

Full time ☐

Part Time ☐

Name of Residential Placement

Day Service ☐

Full time ☐

Name of Service

Part Time ☐

How many hours / wk?

Name of Service