

'Dyspraxia Diffusion 2016: Back to Basics'



I wish to book _____ place (s) for **'Dyspraxia Diffusion Birmingham' Friday 4th March**

I wish to book _____ place (s) for **'Dyspraxia Diffusion Manchester' Saturday 23rd April**

Name (s) _____ Membership No _____

Organisation _____ Profession _____

Address _____

_____ Post Code _____ Tel No: _____

Email _____

I would like to attend the **'Dyspraxia in Adulthood Workshop'** during part of the day

I am a member of the Dyspraxia Foundation and claim 10% discount (Individual fees only)

Fees: Individuals **£30.00** (DF members receive 10% discount) / Job seekers or students **£15.00**

I enclose a cheque made payable to **'Dyspraxia Foundation'** £ _____

Please invoice my organisation for £ _____

Please debit my Debit/Credit Card: Master Visa Switch/Solo for £ _____

Card No _____ Expiry date ___/___ Card Issue No _____

Security Code _____ Signature _____ Date _____

If you require special dietary provision, please give details _____

If you have a disability or any additional needs and require assistance in order to fully participate in this event, please tick here You will be contacted by a member of staff to discuss your specific requirements.

Closing dates: Birmingham - Friday, 26th February/Manchester - Friday, 15th April

Cancellation Policy

Cancellations received in writing no later than Birmingham - 19th February / Manchester - 8th April 2016 will receive a full refund less £10.00 administration charge. No refunds are possible after these dates. Substitutions are welcome at any time; however an administration charge of £5.00 will be levied

Data Protection

The personal information provided by you will be held on a database. It may be used to keep you up to date with future events or developments in the field of dyspraxia. We will not disclose this information to any other person or organisation.

Please return your completed form to:

'Dyspraxia Diffusion 2016'

8 West Alley, Hitchin, Herts SG5 1EG

For further details Tel: 01462 455016

Fax: 01462 455052 or email admin@dyspraxiafoundation.org.uk

Could you please answer the following questions to ensure we are reaching as wide a group as possible and meeting the requirements of our funders. All details provided will be kept strictly confidential.

Ethnic background

White

English /Scottish/Welsh/ Northern Irish/UK Gypsy or Irish Traveller
Irish Any Other White Background

Asian/Asian UK

Indian
Pakistani
Bangladeshi
Chinese

Other Asian background

Mixed Ethnic Background

Black/African/Caribbean/Black UK

African
Caribbean
Other black/African/Caribbean background

Would rather not say

Any Other Ethnic Group Arab

Religion or belief

Christian Buddhist
Hindu Jewish
Muslim Sikh
No religion Would rather not say Other

Sexual orientation

Heterosexual Lesbian/Gay men/Bisexual Would rather not say

Caring responsibility

People with caring responsibility without caring responsibility

[a family member would probably be considered to have caring responsibility]

Gender Male Female Do you have a Disability? Yes No

Do you have a diagnosis of Dyspraxia ? Yes No

Age range 0-24 25-64 65 +

Are you hearing impaired? Yes No

Are you a Parent Relative/Carer Young person/Adult with dyspraxia

Are you a Health professional Education professional Employer

Other _____