

# CASE STUDY FORM

Dyspraxia Awareness Week  
6<sup>th</sup> – 12<sup>th</sup> October 2019



Thank you for agreeing in principle to help with media and publicity work for Dyspraxia Awareness Week 2019. This year Dyspraxia Foundation will be focusing on raising awareness of dyspraxia in adulthood. This form will help us to know more about you and your experiences so we can match media enquiries with appropriate case studies and highlight stories during the campaign.

**NB: We will always contact you before using any information/photos you provide us with, and will not pass on your contact details to anyone without first obtaining your agreement.**

Thank you for volunteering to help raise the profile of such an important cause.

**Name:** .....

**Age:** .....

**Region in which you live:** .....

**CONTACT DETAILS: Home tel:** .....

**Mobile:** .....

**E-mail:** .....

I am an adult living with dyspraxia

**What is your current daytime activity?**

Student  Self-employed  Not in work or education

Working part-time  Working full-time

Voluntary work  Retired

**Please use the space below to briefly explain your experience of dyspraxia:**

**Eg., How does dyspraxia affect you?**

.....  
.....  
.....

**When where you diagnosed?**

.....  
.....

**What is your experience of seeking a diagnosis as an adult?**

.....  
.....  
.....

**What does having a diagnosis means to you?**

.....  
.....  
.....

**Have you received any support? (if yes, please include brief details)**

.....  
.....  
.....

**What are the most difficult aspects of living with dyspraxia?**

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.....  
.....

**How would you like to see things change for adults with dyspraxia?**

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Please add any additional information you feel would be relevant to our campaign here

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Please complete the following with your preferences?

I am happy to speak to the following media about my experience (please tick)

Newspapers	<input type="checkbox"/>	Radio	<input type="checkbox"/>
TV	<input type="checkbox"/>	Magazine	<input type="checkbox"/>
I attach a photograph:	Yes <input type="checkbox"/>	No	<input type="checkbox"/>

I give my consent for the Dyspraxia Foundation to hold my contact details for the purposes of the Annual Awareness Campaign 2019/20 until the 30th September 2020. (please tick agreement)

Signed: ..... Date: .....

Thank you for taking the time to complete this form, please return to:

By post : Dyspraxia Foundation Case Studies, 8 West Alley, Hitchin, Herts SG5 1EG

Scanned copy by email: [info@dyspraxiafoundation.org.uk](mailto:info@dyspraxiafoundation.org.uk)

By fax: 01462 455052

Dyspraxia Foundation, 8 West Alley, Hitchin, Herts SG5 1EG

Tel: 01462 454986 (Helpline 9 – 5, Mon – Fri) Tel: 01462 455016 (Administration) Fax: 01462 455052

Email: [info@dyspraxiafoundation.org.uk](mailto:info@dyspraxiafoundation.org.uk) Website: [www.dyspraxiafoundation.org.uk](http://www.dyspraxiafoundation.org.uk)

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