

Special Needs Register Form

Mother's Name: _____ Father's Name: _____

Address: _____ Post Code: _____

Contact Phone: _____ Mobile: _____

Email Address: _____

Are you a member of an AMBA Club? Yes/No If yes: Club: _____

Children's Names (with disability)	Disability	Date of Birth
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Other Children's Names	Date of Birth
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Please read all of the following and tick the appropriate boxes

- I am interested in being a contact or referred to other Special Needs Register members where same/similar disability exists.
- I would be willing to contribute my personal story for other families to read to provide support or information for families where a similar disability/need exists.

The information you have provided will now be entered at two points of record: the State Special Needs Register (where applicable) and the National Special Needs Register of AMBA. The purpose of these registers is to provide a means of personal contact between parents and families where disabilities/special needs exist, with a view to those families then being able to offer one another friendship and mutual support.

The AMBA Officer responsible for the administration of the Special Needs Register is the only person, with the permission of the family, who can pass on any information regarding names, telephone numbers and addresses to other persons on the register, without their permission in accordance with the AMBA Code of Ethics and Privacy Policy.

A person's name will be removed from the register upon receipt of a written request from that person (or that person's parent/guardian). Referral consent may be withdrawn at any time by similar written notification.

Please read the following and sign where indicated:

I, the undersigned, hereby give permission for my family name and telephone number (or address if no telephone number is supplied) to be made available to other members of the Special Needs Register of the Australian Multiple Birth Association, as specified above. I understand that every reasonable effort will be made by the Special Needs Register to initiate contact for me as I have indicated, but that membership to the Special Needs Register does not guarantee contact from other members. I further understand that AMBA accepts no responsibility for the outcome of any contact between Special Needs Register members.

Signature

Date

Please return this completed form to:
 Special Needs Registrar
 PO Box 105
 COOGEE NSW 2034
 Email: specialneeds@amba.org.au