

Please fill out the standing order form below, or enclose a cheque made payable to 'HemiHelp'. Credit Card payments can be taken by phoning the office on 0845 120 3713, or donate online at [www.hemihelp.org.uk/support\\_us/donate](http://www.hemihelp.org.uk/support_us/donate)



## PROFESSIONAL MEMBERSHIP FORM

*There is so much more we can do for your children and other families, but we are in desperate need of funds to expand our services and develop new projects. The suggested minimum donation of £18 will just about cover the cost of your quarterly newsletter and membership support for 1 year. If you are able to give more, please do, and help us to introduce further events and services for families like you.*

Please tick your preferred method and contribution:

Standing Order       Online       Cheque       Credit Card (by phone)   
 £18     £25     £35     £50     £100     Other £ .....

I am a UK taxpayer and I want **HemiHelp** to treat my donations as Gift Aid donations. I pay an amount of income tax or capital gains tax equal to or more than the amount that HemiHelp will reclaim on my donation (28p for every £1 you give).

*giftaid it*

I am a UK Tax Payer (please tick box if this applies)

Signed: ..... Date (dd/mm/yy): ...../...../.....

### Please pay HemiHelp:

Account No: 91493647, HSBC Bank, 117 Balham High Street, London SW12 9AS. Sort Code: 40 - 01 - 07

The sum of £ .....(amount in words)

monthly / annually / quarterly (please cross out as required)

starting on ...../...../..... (dd/mm/yy) Please put start date at least 2 weeks in advance.

### My account details:

Bank /Building Society: .....

Branch Address: .....

..... Post Code: .....

A/c Number: ..... Sort Code: .....

Name of a/c holder: .....

Signed: ..... Date (dd/mm/yy): ...../...../.....

### PLEASE ENROL ME AS A PROFESSIONAL MEMBER OF HEMIHHELP

By becoming a member of HemiHelp I understand and accept that this **CONFIDENTIAL** information will be held on computer under the rules of the Data Protection Act and will be for the exclusive use of HemiHelp, who undertake not to disclose this information to any other organisations without my prior written consent.

Signed: ..... Date (dd/mm/yy): ...../...../.....

If you are working with a child or children with hemiplegia, or have a professional interest in paediatrics, neurology or disability, then we hope you will want to become a member of HemiHelp. You will join a growing organisation that is dedicated to raising awareness and promoting understanding about hemiplegia. Most importantly, you will be part of a national network of professionals working to improve the lives of children and young people with hemiplegia.

As a professional member, you will receive a wide range of benefits including access to information resources and discounted attendance at events. See inside for more details.

**PHONE: 0845 120 3713**  
**FAX: 0845 120 3723**  
**EMAIL: [support@hemihelp.org.uk](mailto:support@hemihelp.org.uk)**

**HELPLINE: 0845 123 2372**  
**(MON - FRI 10:00-13:00, DURING TERM TIME & MON NIGHTS 20:00 - 21:00)**

**[www.hemihelp.org.uk](http://www.hemihelp.org.uk)**

Registered Charity Number: 1085349

## What is HemiHelp?

HemiHelp was set up by a small group of parents in 1990. We are now the leading hemiplegia organisation and have a membership of over 4,000 families and professionals from all over the UK and beyond. We provide information and support, run events for children and families and promote the rights and well-being of children and young people with hemiplegia.

### How can HemiHelp help you?

- Quarterly **magazine** packed full of information about hemiplegia for families and professionals
- **Conferences** which bring together leading practitioners in the field to share learning and present the latest research and practice. Priority booking and discounts for members.
- Over 50 **leaflets** on different aspects of hemiplegia including treatments, associated conditions and ways to manage the condition
- Updates on the **latest news & information** by email
- Our **Professionals Panels** facilitate continuing professional development with opportunities to contribute to information materials, parent conferences, peer reviews and accreditation from professional bodies
- We run an **information enquiries service** for parents and professionals by phone, email and post

As a professional member you will also have access to all the information and support services we offer families, including a helpline staffed by parent volunteers, a home visiting service, a network of local groups, regular parents conferences, children's try-it days, music and drama workshops - and more!

## Professional Membership Details

Title (Mr/Mrs/Miss/Dr/Prof) .....

First Name .....

Last Name .....

Job Title .....

Address for Correspondence .....

.....

.....

.....

..... Post Code .....

Tel: ..... Mobile: .....

Fax: .....

Email: .....

*Please tick this box if you do not wish us to send you HemiHelp updates and event news by email*

Address of Workplace (if different from above) .....

.....

.....

..... Post Code .....

Tel: ..... Mobile: .....

Fax: .....

Email: .....

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Where did you hear about HemiHelp?

.....

What percentage (approximately) of your work involves children with hemiplegia?

.....

How many children would you refer to HemiHelp each year?

0-5

6-10

11+