



INDIVIDUAL / FAMILY APPLICATION FOR MEMBERSHIP

SEND THIS APPLICATION TO
DOWN SYNDROME VICTORIA
219 NAPIER STREET FITZROY VIC 3065

TAX INVOICE

Phone: 1300 658 873

Fax: (03) 9486 9601

A0008787R / ABN 59 901 963 154

DONATIONS OF \$2 OR MORE ARE TAX DEDUCTIBLE

TICK WHICH APPLIES TO YOU (Membership fees including GST)

Family/Individual (\$25.00 annually) FREE UNTIL 30 JUNE

Concession (student/pensioner) FREE

Concession card number _____

Donations of \$2 or more are tax deductible \$ _____

Payment total including membership \$ _____

Address for correspondence _____

Telephone number at this address _____

People residing at this address

	Primary Contact	Person with Ds	Person 3	Person 4	Person 5
Title					
First name					
Surname					
Gender (circle)	male / female	male / female	male / female	male / female	male / female
Date of birth					
Mobile number					
Email address					
Relationship					
Occupation					
Work phone					

Please complete the information over the page for the person with Down syndrome in your household

Payment method	Cheque <input type="checkbox"/>	Mastercard <input type="checkbox"/>	Visa <input type="checkbox"/>
Name on credit card		
Card expiry date	[][] / [][]		
Credit card number	[][][][] [][][][] [][][][] [][][][] [][][][]		
Signature		

Down Syndrome Victoria Database Questionnaire

Please tick the boxes that apply to your son/daughter with Down syndrome.

This year he/she attends

- | | |
|--|---|
| <input type="checkbox"/> Playgroup | <input type="checkbox"/> Early Intervention |
| <input type="checkbox"/> Local Kindergarten | <input type="checkbox"/> Home school |
| <input type="checkbox"/> Primary School | <input type="checkbox"/> Secondary School |
| <input type="checkbox"/> Special School | <input type="checkbox"/> Special Dev School |
| <input type="checkbox"/> TAFE | <input type="checkbox"/> University |
| <input type="checkbox"/> Adult Training Centre | <input type="checkbox"/> Supported Employment |
| <input type="checkbox"/> Open Employment | <input type="checkbox"/> Voluntary work |
| <input type="checkbox"/> No Day Placement | |
| <input type="checkbox"/> Other _____ | |

This person resides

- In family home with parents
- In a group home with unrelated adults
- In independent accommodation
- In a nursing home
- In long term respite
- In a large institution
- Other _____

Does this person have other health problems?

(This list is not meant to indicate that all people with Down syndrome have a higher risk of all these disorders)

	Now	In Past
Alopecia	<input type="checkbox"/>	<input type="checkbox"/>
Arthritis	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Atlanto Axial	<input type="checkbox"/>	<input type="checkbox"/>
Autism spectrum disorder	<input type="checkbox"/>	<input type="checkbox"/>
Bowel	<input type="checkbox"/>	<input type="checkbox"/>
Bladder/Kidney	<input type="checkbox"/>	<input type="checkbox"/>
Cell therapy	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Duodenal Atresia	<input type="checkbox"/>	<input type="checkbox"/>
Eisenmenger	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>
Facial Surgery	<input type="checkbox"/>	<input type="checkbox"/>
Gluten Allergy	<input type="checkbox"/>	<input type="checkbox"/>
Head Shunt	<input type="checkbox"/>	<input type="checkbox"/>
Hearing	<input type="checkbox"/>	<input type="checkbox"/>
Heart	<input type="checkbox"/>	<input type="checkbox"/>
Hernia	<input type="checkbox"/>	<input type="checkbox"/>
Hirschprung (Bowel)	<input type="checkbox"/>	<input type="checkbox"/>
Infantile Spasm	<input type="checkbox"/>	<input type="checkbox"/>
Leukemia	<input type="checkbox"/>	<input type="checkbox"/>
Reflux	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory	<input type="checkbox"/>	<input type="checkbox"/>
Sight	<input type="checkbox"/>	<input type="checkbox"/>
Skin	<input type="checkbox"/>	<input type="checkbox"/>
Speech	<input type="checkbox"/>	<input type="checkbox"/>
Thyroid	<input type="checkbox"/>	<input type="checkbox"/>
Tongue Reduction Surgery	<input type="checkbox"/>	<input type="checkbox"/>
Tonsils	<input type="checkbox"/>	<input type="checkbox"/>
Twins	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

What type of Down syndrome does your child have?

- trisomy 21
- mosaic
- translocation

About you & your family...

Is English the language spoken at home? Y/N

If NO, what language is spoken at home?

Where did you find out about Down Syndrome Victoria?

.....

Does anyone in your family have any specific areas of expertise that may be helpful to Down Syndrome Victoria? Please give details.

.....

Do you attend a support/coffee group coordinated by Down Syndrome Victoria? If so which one?

.....

Have you experienced services from a doctor, therapist or health provider that you would like to share with members? Please give details.

.....

What do you think are the two (2) most important issues that Down Syndrome Victoria should work on in the next 12-18 months?

1.
2.

Have you attended any FREE workshops run by Down Syndrome Victoria this year? Y/N

Which ones?

I give permission for Down Syndrome Victoria to use and reproduce photographic and video material of my child and other members of my family for the purpose of promotion. I understand that this material will be used with discretion and will only portray subjects in a positive manner. I am aware that I have the right to withdraw from this arrangement at any time.

Signed:..... Dated:.....