



Spina Bifida Hydrocephalus Ireland Company Membership Form

Welcome to Spina Bifida Hydrocephalus Ireland (SBHI).

This form is the document required to become a Member of SBHI. The form is split into FOUR different sections.

Please read the information below and complete the sections which are relevant to you. Note: Everyone must complete SECTION ONE.

Choose your sections

SECTION ONE – Pages 1-3

Everyone must complete this section, which is a data protection declaration.

SECTION TWO – Pages 4-7

Complete this section if you are aged 18 or over and have spina bifida and/or hydrocephalus.

SECTION THREE – Pages 8-13

Complete this section if you are the parent or guardian, for someone aged under 17 or under who has spina bifida and/or hydrocephalus.

SECTION FOUR – Pages 14-15

Complete this section if you wish to become a Member of SBHI but you do not have spina bifida and/or hydrocephalus.

Payment

If you are aged 18 or over then a membership payment of €5 is due per person joining. Those aged 17 or under do not pay a membership fee.

Please ensure
payment is sent with
form – Thank you!

Contact

If you have any trouble completing your membership form, please call our National Resource Centre on: 01 457 2329

Please complete Section ONE before entering any other information:

Section ONE

Annual Report

Each year Spina Bifida Hydrocephalus Ireland produces an Annual Report for all members. In order to be as efficient as possible in sharing this document, please indicate if you would like a printed copy or a digital copy sent by email:

Paper copy Digital copy sent by email None

Photo consent

SBHI host many events throughout the year for our members, some of which you or your family may attend. During these events we may take photographs, video recording or audio recording/quoted remarks which include members, their families, volunteers and staff. From time to time, these forms of media are used by SBHI for printed publications or materials, electronic publications or presentations, the SBHI website or the SBHI Facebook pages.

In order for us to do this, we are obliged to ask you to select your preference below:

I hereby **give** permission to SBHI to use photos/recordings which may include me, and/or my child and/or my family at various events within the Association throughout the year for promotional material or public information.

Please tick if applicable

I **do not give** permission to SBHI to use photos/recordings which may include me, my child and/or my family at various events within the Association throughout the year for promotional material or public information.

Please tick if applicable

Payment of membership fee

Payable by those aged 18 and over only, those aged 17 and under do not pay

I understand that there is an annual membership fee to be paid to SBHI by anyone aged 18 or over and that at present this fee is €5. With the payment of this fee I understand that I will become a Company Member and will receive voting rights from the time of payment to the 31st December in the same year.

I confirm that I have enclosed a fee of €5 with this application form* (Please tick)

**Cheques or postal orders to be made payable to 'Spina Bifida Hydrocephalus Ireland'.*

Method of contact

We use email as the primary source of communication to contact members. If you can only receive information by post please tick here

Declaration

In accordance with Rule 3 – Articles of Association of SBHI: “A person with spina bifida and/or hydrocephalus, or supporters, families and volunteers who support the work of SBHI, and who subscribe to the Rules and Bye-laws of SBHI, and who agree to be listed on the SBHI database are hereby defined as eligible for membership of SBHI.” I declare I will support the work of SBHI and I subscribe to the Rules and Bye-laws of SBHI and I agree to be bound by these Rules and Bye-laws as a SBHI member.

Print name: _____

Signature: _____

Date: _____

Please tick here to agree to our terms and conditions (full details below) – I agree

Terms and conditions

Data Protection

*By filling in this form you agree to allow **Spina Bifida Hydrocephalus Ireland** to retain your information on a secure database.*

***Spina Bifida Hydrocephalus Ireland** will ensure that your information is kept private and protected according to the Data Protection Act 1998. All the information we receive from you will only be used for research or collecting statistics, and to keep you up to date on **Spina Bifida Hydrocephalus Ireland** news and the benefits of being a Member. We will never pass on your details to another person or organisation without you agreeing to this.*

***Spina Bifida Hydrocephalus Ireland** is committed to effective statistical recording using a bespoke database. We need this information to gauge the demand and use of services and to identify the need for new services. The statistics show that we are providing an essential service and also support new funding applications.*

*We recognise that all Service Users and Members should be able to access our services in confidence and we are committed to this principle. All staff and volunteers must ensure that no discussions relating to a Service User or Member takes place outside of the work environment. You can let us know at any time if you do not want **Spina Bifida Hydrocephalus Ireland** to make contact with you any longer. We will then ensure that your details are removed within 28 days of you telling us.*

Breaches of Confidentiality

*There may be occasions when it is necessary to breach confidentiality. For example, if a Service User or Member shares information about child abuse; where there is conflict of interest; or where there are legal implications. **Spina Bifida Hydrocephalus Ireland** recognises that any breach of confidentiality must be treated very seriously.*

Any person whose data is held, has a right to access their file provided they give reasonable notice to the Organisation. There may be an administration charge for this service or a charge for providing copies.

Section TWO

For persons aged 18 years and over and living with spina bifida and/or hydrocephalus

Your details

Contact details

Title – Please choose: Mr Mrs Ms Miss Dr Prof Rev Other _____

First name _____

Middle name _____

Last name _____

Address Line 1 _____

Address Line 2 _____

Town / City _____

County _____

Eircode _____

What are your living arrangements? – Please choose from the list below:

- Live alone
- With parents/guardians
- With partner/another person(s)
- Nursing Home
- Residential Home
- Residential College
- Support/sheltered housing
- Other please specify _____

Additional details about you

Date of birth _____

Phone number _____

Mobile number _____

Email address _____

Confirm Email Address _____

Your next of kin

Relationship to you _____

First name _____

Last name _____

Phone number _____

Mobile number _____

Your ethnic origin – Please choose:

- Irish
- Other please state _____

Your gender – Please choose: Male Female Transgender

Your first language – Please choose:

Irish English Other (Please state) _____

Your medical details

Medical Condition(s) – Please tick all that apply:

- Spina bifida
- Hydrocephalus
- Spina bifida and hydrocephalus
- Spina bifida Occulta
- Idiopathic Intracranial Hypertension
- Normal Pressure Hydrocephalus
- Any Other Conditions, e.g. epilepsy, cerebral palsy, etc.
(Please state) _____

Do you have a shunt for hydrocephalus management? – Please choose: Yes No

Any other medical information you wish to provide: _____

Mobility

Are you a wheelchair user? Yes No At times

Are you a motorised wheelchair user? Yes No At times

Do you walk unaided? Yes No At times

Do you walk with mobility aids? Yes No At times

Your GP's details

GP's Name _____

GP's Phone Number _____

GP's Address 1 _____

GP's Address 2 _____

GP's Town / City _____

GP's County _____

GP's Eircode _____

Education and Work

Are you in education at present? Yes No

Are you working in paid employment at present? Yes No

[Continue overleaf...]

Membership Details

Community Healthcare Organisations (CHO) – Please choose your area:

- CHO Area 1
(Donegal – Sligo/Leitrim/West Cavan – Cavan/Monaghan)
- CHO Area 2
(Galway – Roscommon – Mayo)
- CHO Area 3
(Clare – Limerick – North Tipperary/East Limerick)
- CHO Area 4
(Kerry – North Cork – North Lee – South Lee – West Cork)
- CHO Area 5
(South Tipperary – Carlow/Kilkenny – Waterford – Wexford)
- CHO Area 6
(Wicklow – Dun Laoghaire – Dublin South East)
- CHO Area 7
(Kildare/West Wicklow – Dublin West – Dublin South City – Dublin South West)
- CHO Area 8
(Laois/Offaly – Longford/Westmeath – Louth/Meath)
- CHO Area 9
(Dublin North – Dublin North Central – Dublin North West)

Where did you hear about SBHI? – Please choose:

- Hospital
- Internet
- School
- Word of Mouth
- Other (please state) _____

SBHI has eight Branches covering many counties of Ireland. Are you happy for your details to be passed on to the local Branch if there is one in your area?

Yes No

Have you completed this form on behalf of someone else? Yes No

Section THREE

For Child/Youth Under 18 years old who is living with spina bifida and/or hydrocephalus

Your child's details

Contact details

Title – Please choose: Mr Master Ms Miss

First name _____

Middle name _____

Last name _____

Address Line 1 _____

Address Line 2 _____

Town / City _____

County _____

Eircode _____

Where does your child live? – Please choose from the list below:

- With parents/guardians
- Residential Care
- Residential School
- Other – Please Specify _____

Guardian details

If you also would like to join as a member of SBHI, please tick here and send payment of €5 per guardian. You do not need to complete Section FOUR if ticking this box

Parent/Guardian 1

Relationship to child – Please choose:

- Mother
- Father
- Step-parent
- Grandparent
- Brother
- Sister

- Aunt
- Uncle
- Carer
- Young carer
- Guardian
- Other _____

Title – Please choose: Mr Mrs Ms Miss Dr Prof Rev Other _____

First name _____

Middle name _____

Last name _____

Address Line 1 _____

Address Line 2 _____

Town / City _____

County _____

Eircode _____

Phone number _____

Mobile number _____

Email address _____

Confirm Email Address _____

Your age range: – Please choose: 18-30yrs 31-50yrs 51-65yrs 66+yrs

Parent/Guardian 2

Relationship to child – Please choose:

- Mother
- Father
- Step-parent
- Grandparent
- Brother
- Sister
- Aunt
- Uncle
- Carer
- Young carer
- Guardian
- Other _____

Title – Please choose: Mr Mrs Ms Miss Dr Prof Rev Other _____

First name _____

Middle name _____

Last name _____

Address Line 1 _____

Address Line 2 _____

Town / City _____

County _____

Eircode _____

Phone number _____

Mobile number _____

Email address _____

Confirm Email Address _____

Your age range: – Please choose: 18-30yrs 31-50yrs 51-65yrs 66+yrs

Additional details about your child

Date of birth (DD/MM/YYYY) _____

Phone number _____

Mobile number _____

Email address _____

Confirm Email Address _____

Ethnic origin – Please choose:

- Irish
- Other please state _____

Gender – Please choose: Male Female

First language – Please choose:

Irish English Other (Please state)

Your child's medical details

Medical Condition(s) – Please tick all that apply:

- Spina bifida
- Hydrocephalus
- Spina bifida and hydrocephalus
- Spina Bifida Occulta
- Idiopathic Intracranial Hypertension
- Normal Pressure Hydrocephalus
- Any Other Conditions, e.g. epilepsy, cerebral palsy, etc.
(Please state) _____

Does your child have a shunt for hydrocephalus management? – Please choose:

- Yes No

Any other medical information you wish to provide: _____

Your child's mobility

My child is too young for mobility to be determined at present

Is your child a wheelchair user? Yes No At times

Is your child a motorised wheelchair user? Yes No At times

Does your child walk unaided? Yes No At times

Does your child walk with mobility aids? Yes No At times

Your child's GP's details

GP's Name _____

GP's Phone Number _____

GP's Address 1 _____

GP's Address 2 _____

GP's Town / City _____

GP's County _____

GP's Eircode _____

Your child's education

Is your child in education? Yes No

My child is too young for education at present

What level of education is your child currently at – Please choose:

- Pre-school
- Primary
- Secondary
- College
- University
- Other _____

Your child's membership details

Community Healthcare Organisations (CHO) – Please choose your child's area:

CHO Area 1
(Donegal – Sligo/Leitrim/West Cavan – Cavan/Monaghan)

CHO Area 2
(Galway – Roscommon – Mayo)

CHO Area 3
(Clare – Limerick – North Tipperary/East Limerick)

CHO Area 4
(Kerry – North Cork – North Lee – South Lee – West Cork)

CHO Area 5
(South Tipperary – Carlow/Kilkenny – Waterford – Wexford)

CHO Area 6
(Wicklow – Dun Laoghaire – Dublin South East)

CHO Area 7
(Kildare/West Wicklow – Dublin West – Dublin South City – Dublin South West)

CHO Area 8
(Laois/Offaly – Longford/Westmeath – Louth/Meath)

CHO Area 9
(Dublin North – Dublin North Central – Dublin North West)

Where did you hear about SBHI? – Please choose: Hospital

Internet

School

Word of Mouth

Other (please state) _____

SBHI has eight Branches covering many counties of Ireland. Are you happy for your details to be passed on to the local Branch if there is one in your area?

Yes No

Section FOUR

For family, friends, supporters, or wider contacts connected to spina bifida and/or hydrocephalus

Please note: If you have indicated above that you are a Guardian of a child and that you would like to join SBHI, you do not need to complete your information again this section.

Your details

Contact details

Title – Please choose: Mr Mrs Ms Miss Dr Prof Rev Other _____

First name _____

Middle name _____

Last name _____

Address Line 1 _____

Address Line 2 _____

Town / City _____

County _____

Eircode _____

Additional details about you

Date of birth _____

Phone number _____

Mobile number _____

Email address _____

Confirm Email Address _____

Your next of kin

Relationship to you _____

First name _____

Last name _____

Phone number _____

Mobile number _____

Ethnic origin – Please choose:

- Irish
 Other please state _____

Gender – Please choose: Male Female Transgender

Age range – Please choose: 18-30yrs 31-50yrs 51-65yrs 66+yrs

First language – Please choose:

Irish English Other (Please state)

Your connection to SBHI? – Please choose:

- I have a family member who lives with one or both of the conditions
 I have a friend who lives with one or both of the conditions
 I am a Health Care Professional
 I am a Social Care Professional
 I am an Education Professional
 Other (please state) _____

Where did you hear about SBHI? – Please choose:

- Hospital
 Word of Mouth
 Internet
 School
 Other (please state) _____

SBHI has eight Branches covering many counties of Ireland. Are you happy for your details to be passed on to the local Branch if there is one in your area?

Yes No