



**DÓCHAS Midwest Autism Support**  
14 Parnell Street, Limerick  
Tel: 061 405923 Mobile: 086 0491934  
Email: info@dochasautism.ie

## MEMBERSHIP FORM

### PERSONAL DETAILS:

Parents/Carers Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_ City/County: \_\_\_\_\_

Telephone no.: \_\_\_\_\_ Mobile no.: \_\_\_\_\_

Email: \_\_\_\_\_

(Under GDPR is it ok for us to contact you by email or text? YES  NO )

Child's name: \_\_\_\_\_ Child's DOB: \_\_\_\_\_

Child linked to HSE ASD team: Yes  No  Name of service: \_\_\_\_\_

Child linked to HSE CAMHS service: Yes  No  Name of service: \_\_\_\_\_

Childs diagnosis if known: \_\_\_\_\_

Name of Child's School: \_\_\_\_\_ Contact No.: \_\_\_\_\_

### CATEGORY OF MEMBERSHIP (please tick)

Parent

Childcare Worker

Teacher

Student

**PLEASE RETURN THE COMPLETED FORM TO THE Office ADMINISTRATOR – DÓCHAS**

**Office Use Only: Date received: ..... Membership no.:**