



**APPLICATION FOR ASSOCIATE ORGANISATION MEMBERSHIP**

**2011 - 2012**

**Contact details:**

Name (Mr/Mrs/Ms/Miss/Dr)\*

\*please delete as appropriate

\_\_\_\_\_

Position:

\_\_\_\_\_

Tel No:

\_\_\_\_\_

Fax No:

\_\_\_\_\_

Email:

\_\_\_\_\_

Company/Organisation

Name: (if applicable)

\_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

Post Code:

\_\_\_\_\_

Website:

\_\_\_\_\_

Area of Work (please indicate)

Special Education

Residential Care

Disability

Other

\_\_\_\_\_

Local Education Authority:

(if applicable)

\_\_\_\_\_

Local Member of Parliament:

\_\_\_\_\_

Local Government Regional Office: (Please circle)

East Midlands

East of England

London

North East

North West & Merseyside

South East & South Central

South West

Wales

West Midlands

Yorkshire & Humberside

## SPECIAL EDUCATIONAL NEEDS REGISTERED WITH NASS

In recent years members have ticked the whole range of provision made available. However, NASS wishes to note the SEN(s) that are formally registered/approved with the DfE. Please only list multiple categories if this reflects your school's DfE registration or Approved Arrangements:

- |   |                          |
|---|--------------------------|
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Aspergers  | <input type="checkbox"/> |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Attention Deficit and Hyperactivity Disorder               | <input type="checkbox"/> |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Attention Deficit Disorder                                 | <input type="checkbox"/> |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Autism   | <input type="checkbox"/> |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Autistic Spectrum Disorder                                 | <input type="checkbox"/> |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Behavioural, Emotional and Social Development              | <input type="checkbox"/> |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Cerebral Palsy   | <input type="checkbox"/> |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Challenging Behaviour                                      | <input type="checkbox"/> |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Cognition and Learning                                     | <input type="checkbox"/> |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Communication and Interaction                              | <input type="checkbox"/> |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Communication Difficulties                                 | <input type="checkbox"/> |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Complex Learning Difficulties                              | <input type="checkbox"/> |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Complex Medical Needs                                      | <input type="checkbox"/> |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Dyslexia   | <input type="checkbox"/> |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Dyspraxia  | <input type="checkbox"/> |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Emotional and Behavioural Difficulties                     | <input type="checkbox"/> |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Emotional, Behavioural and Social Difficulties             | <input type="checkbox"/> |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Epilepsy   | <input type="checkbox"/> |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Hearing Impaired   | <input type="checkbox"/> |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Moderate Learning Difficulties                             | <input type="checkbox"/> |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Multiple Sensory Impairment                                | <input type="checkbox"/> |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Physical Disabilities                                      | <input type="checkbox"/> |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Physical Handicap  | <input type="checkbox"/> |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Profound and Multiple Disability and Complex Medical Needs | <input type="checkbox"/> |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Profound and Multiple Learning Difficulties                | <input type="checkbox"/> |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Sensory and/or Physical                                    | <input type="checkbox"/> |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Severe Learning Difficulties                               | <input type="checkbox"/> |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Speech and Language Difficulties                           | <input type="checkbox"/> |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Tourettes  | <input type="checkbox"/> |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Visually Impaired  | <input type="checkbox"/> |

