



INDIAN ACADEMY OF CEREBRAL PALSY

REGISTRATION FORM FOR PARENTS OR PERSONS WITH DEVELOPMENTAL DISABILITIES

1. Name and age of parents :

Father.....Age.....

Mother.....Age.....

2. Educational qualification :.....

3. Occupation :.....

4. Type of family Nuclear.....Joint.....Extended.....Siblings.....Grandparents.....

5. Address :.....

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6. Contact details : Tel :.....Mobile:.....E Mail :.....

7. Name of the child :.....DOB.....Age.....Gender.....

8. Details of developmental disability : a) Cerebral Palsy b) Mental Retardation c) Autism
d) Spinabifida e) Attention Deficit Hyperkinetic Disorder f) Specific Learning disability g) Myopathy & muscular dystrophy h) Speech & Hearing Impairment i) Visual Impairment j) Multiple k) Any other.....

9. Age of diagnosis, First information Provider

& probable cause if known.....

10. Names of service provider(Doctor, Therapist or Organization).....

11. Comorbid problems like : a) seizures b) feeding c) sleeping d) behavioral e) learning
f) growth g) nutrition h) Pain i) Injuries j) Recurrent infections k) other health problems.....

12. Expectation from your child & service providers

13. Educational Information & : a) Main stream school b) Resource room c) Special school
d) Openschool e) Matriculate f) Diploma g) Degree h) Masters i) Doctoral j) Any other.....

14. Support system if any available-Family, Friends, Neighborhood, respite care.....

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15. Employment & vocational rehabilitation details like sheltered work shop
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16. Rating of family coping on a scale of I to 10
17. Rating of the quality of service providers on a scale of I to 10
- 18 Membership of any organization (NGO / Parent)
19. Awareness regarding NationalTrust,PersonsWith DisabilityAct, Govt welfare schemes
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- 20 Domains of information need like Medical,Therapeutic, Psycho Social & Educational, Recent advances.
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- 21 Sources of information gathered : Professionals, Other parents, Publications & Internet, Seminars & Conferences,News media,other
22. Interest in being part of advocacy, community & research initiatives , Experience sharing., Decision & policy forming welfare programs
- 23 Purpose of joining IACP.....

XI. I /We would like to enrol my / our self as Parent Member of IACP
 Rs. Cash / Cheque / D.D. No. Bank Date

DECLARATION

I hereby declare that I will abide by the bylaws of the Academy and accept the amendments which come in to force time to time. I assure that I will promote the Academy aims and objectives.

Enclosures: !)

2)

3)

Signature of the member

4)

FOR OFFICE USE ONLY

Life / Associate Life Member / Organisational Member / Student Member :

Receipt No. Date. Amount Membrship No.
The application of the candidate has been verified and he/she is found fit for the membership. Membership may be granted

General Secretary

DETAILS OF MEMERSHIP Fees:

A. For SAARC Nations:

1) **ASSOCIATE LIFE MEMBER:** Rs. 2000/- (Rs. 1000/- for first 200 Early Birds). Eligibility:- Those who have completed certificate or equivalent Courses or who have relevant courses related to cerebral palsy and rehabilitation.

B. For International Members :

1) **ASSOCIATE LIFE MEMBER:** \$ 50/- Eligibility:- Those who have completed certificate or equivalent Courses or who have relevant courses related to cerebral palsy and rehabilitation.

Note : 1. Professionals will be registered to this academy only after confirming the relevant qualification required for this academy . Kindly enclose xerox copies of your certificates along with registration fees.

2. Please attach relevant brief bio-data

3. The Academy also holds the right to reject or cancel membership if the concerned member or organization are found to be acting contradictory to the interest of the academy.

CHEQUE / D.D. FAVORING

“ IACP, A/c No. 107910011026466, Andhra Bank ”
 Payable in Hyderabad
 Should be sent to the following address

Treasurer :

Mr. K.D. Mallikarjuna

9-129, Road No. 4, Lakshmi Nagar, Saroor Nagar,
 Hyderabad - 500 035, A.P., India

Mobile : 93902 52743