

The Challenging Behaviour Foundation Family Carers' Email Network: Application Form

This network is specifically for family carers with a relative who has **severe learning disabilities** and may also display challenging behaviour. Individuals with severe learning disabilities typically have very limited or no verbal communication, a great difficulty in learning new skills and completing everyday tasks such as dressing and eating.

Our **Family Carers' Email Network** gives families the opportunity to offer advice and share experiences with other family carers, all anonymously. It has been invaluable for family carers' to talk to others who have experienced living with a family member with a severe learning disability.

"It is good to get information, advice and encouragement from other families who have faced similar problems to ours. It is also good to be able to help others from our own experiences" – Parent

We may contact you for further information about your relative to ensure the Email Network will be the best support for you. We can provide a list of other forums on request, if there are other support networks which might be more helpful for you and your relative.

The network is moderated by the Email Network Coordinators at the CBF, who anonymise messages and replies and circulate them to the network. We will send you an email to let you know when your address has been added to the email network. To send a message to the network, email network@theCBF.org.uk.

About yourself (PLEASE USE CAPITAL LETTERS)

Your name			
Your address			
Email		Telephone	
Your main language (for example, English/ Polish /Panjabi)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Female <input type="checkbox"/> Don't wish to disclose	
<input type="checkbox"/> Don't wish to disclose		Year of birth	
Your ethnicity (choose one section from A-F, then tick one box which best describes your background)	A) White <input type="checkbox"/> English/ Welsh /Scottish/ Northern Irish/British <input type="checkbox"/> Irish <input type="checkbox"/> Gypsy or Irish Traveller <input type="checkbox"/> White - Other:		B) Mixed/Multiple Ethnic Groups <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Mixed/Multiple ethnic background - Other:
	C) Asian/Asian British <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Asian – Other:		D)Black/African/Caribbean/Black British <input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Black/African/Caribbean – Other:
	E) Other ethnic group <input type="checkbox"/> Arab <input type="checkbox"/> Any other ethnic group:		F) Prefer not to say <input type="checkbox"/> I do not wish to disclose this
How did you hear about the email network?			

About your family member with challenging behaviour

Name			
Date of birth		Age	Male or Female?
Relationship to you			
What level of Learning Disability does your family member have? (NB this network is only for people whose relative has a severe learning disability)	Severe/Profound Learning Disability	<input type="checkbox"/>	
	Moderate Learning Disability	<input type="checkbox"/>	
	Mild Learning Disability	<input type="checkbox"/>	
	Not sure	<input type="checkbox"/>	
Does your family member have a diagnosed syndrome/condition? (please specify)	E.g. ASD, Down Syndrome, Smith Magenis etc.		
What level of communication does your family member have? (i.e. no speech, some words and phrases, full sentences)			
Where does your family member live?	Family Home <input type="checkbox"/>	Assessment & Treatment Unit <input type="checkbox"/>	
	Care Home <input type="checkbox"/>	Residential school/college <input type="checkbox"/>	
	Supported Living <input type="checkbox"/>	Other <input type="checkbox"/>	
	Their own home <input type="checkbox"/>		
Type of challenging behaviour – Please tick any behaviour/s your family member displays			
Self-Injury (e.g. head banging, self-biting, skin picking)	Yes <input type="checkbox"/> / No <input type="checkbox"/>		
Physical Aggression (e.g. kicking, biting, pulling hair)	Yes <input type="checkbox"/> / No <input type="checkbox"/>		
Verbal Aggression (e.g. screaming, vocalisations, excessive swearing)	Yes <input type="checkbox"/> / No <input type="checkbox"/>		
Destruction of property or the environment (e.g. ripping clothes, breaking furniture)	Yes <input type="checkbox"/> / No <input type="checkbox"/>		
Stereotyped Behaviours (e.g. rocking, spinning, hand flapping)	Yes <input type="checkbox"/> / No <input type="checkbox"/>		
Inappropriate or unacceptable sexual behaviour (e.g. masturbating in public, touching others inappropriately)	Yes <input type="checkbox"/> / No <input type="checkbox"/>		
Smearing and urination (e.g. smearing faeces, urinating in inappropriate places)	Yes <input type="checkbox"/> / No <input type="checkbox"/>		
Stealing (e.g. taking possessions/food which do not belong to the individual)	Yes <input type="checkbox"/> / No <input type="checkbox"/>		
Non-compliant behaviour (e.g. refusing to move, refusing to engage in an activity)	Yes <input type="checkbox"/> / No <input type="checkbox"/>		
Absconding (e.g. leaving school/home/residential service without permission)	Yes <input type="checkbox"/> / No <input type="checkbox"/>		
Pica or polydipsia behaviour (eating inedible objects, such as clothes, cigarette butts)	Yes <input type="checkbox"/> / No <input type="checkbox"/>		

Please sign and date this form to confirm the information is accurate and that you are happy for us to hold this information on file and to contact you again in the future.

Signature:		Date:	
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Your personal data may be held electronically and will be kept in accordance with the Data Protection Act 1998 under which we are registered as a data controller. This data may be used by the charity for administration and fundraising purposes and will not be passed on to any third party without prior consent.

Please return this form to: network@thecbf.org.uk or to The Email Network Coordinator, The Challenging Behaviour Foundation, The Old Courthouse, New Road Avenue, Chatham, ME4 6BE