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The Newsletter of The All Wales Forum of Parents and Carers of People with Learning Disabilities

Spring 2011

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The All Wales Forum responds to the proposed changes made by the Coalition Government to Disability Living Allowance



The All Wales Forum has put in a formal response to the recent consultation on the proposed changes to Disability Living Allowance. The changes would see the existing DLA being renamed as Personal Independence Payments and would bring in a new assessment process that focuses on health taking the lead in assessing needs and disability. Having fought so long for our family members to be recognised under a social model of care, this is both a concerning and short-sighted proposal from our UK Government. Another concern is that the UK Government has said that it proposes to cut the amount of DLA available by 20%, stating that these savings will come from identifying and making adjustments where necessary. The new assessment focuses on health issues with a view that circumstances may change, but as we know, for many of our relatives living with life-long learning disabilities, this type of assumption is neither practical nor realistic. The new assessment will also cost money to introduce and may result in families having regular assessments to show that nothing has changed, both a waste of tax payers money and time. As a result of these shared concerns, a number of carer groups across the alliance and individual carers themselves, have fed into a collective response on behalf of parents and carers from the organisation and we have published it below for your reading.

General observations:

- We note that the government is apparently developing these proposals 'in collaboration with independent specialists in health, social care and disability, including disabled people.' While we would not expect to be aware of all disability organisations across the UK, we cannot find anyone taking part in these discussions within Wales.
- Our membership is concerned that while about 1% of the population has an identified learning disability, this Paper does not at any time reference this. Learning disabilities is not (usually) a health issue, it is a lifelong condition, which frequently involves care from cradle to grave.
- The Independent Living Fund is not mentioned in this document. Higher rate DLA was the passport to ILF funding which enabled a range of activities to support independence - particularly support to access work and those community facilities non-disabled people take for granted.
- We note the government's White Paper, *Universal Credit: Welfare that Works* states an intention to support the vulnerable and disabled.

'Universal Credit is an integrated working-age credit that will provide a basic allowance with additional elements for children, disability, housing and caring. It will support people both in and out of work, replacing Working Tax Credit, Child Tax Credit, Housing Benefit, Income Support, income-based Jobseeker's Allowance and income-related Employment and Support Allowance' (DWP)

What is the proposed relationship between this and the Personal Independence Payment?

How will this affect people who are currently entitled to Carers' Allowance?

issues around the disability and who is unlikely to know and have the trust of individuals and their families) are costly, unnecessarily intrusive, and generally pointless. Conditions may worsen with age, but it is rare that they improve from a health or 'independence' point of view.

As a parent of a young man with significant learning disabilities puts it:

There is no way that people with profound learning disabilities like my son, can lead unsupported independent lives and it is unkind to suggest, as the name Personal Independence Payment does, that total independence is a realistic goal. The main problems / barriers preventing him from leading a full and active life include:

- his understanding is very limited and he cannot speak
- he cannot dress himself or prepare meals (he even needs assistance at mealtimes)
- he cannot bathe himself and is not really continent
- he has the anxieties and sensitivity to stimuli associated with autism
- he has no awareness of traffic dangers – or other dangers such as hotplates, fires...
- his behaviour (loud noises etc) can be alarming to strangers

There is also an issue around the choice of a 'health professional' in assessing the capacity of individuals to meet what is seen in these proposals as essentially 'health' criteria. Limitations of capacity to enjoy a 'normal' lifestyle are not simply those around health. We have moved a long way from looking at people as physical functionaries - a 'full and

active life' means so much more than this, and any proposed change in the benefit system must surely recognise this! Families and support staff would better evidence the impact of learning disabilities on an individual and family lives.

There is widespread concern that individuals who may access a mobility aid such as a wheelchair will lose entitlement under the new proposals. Many wheelchairs are mechanical, and require additional human intervention and support. Much public transport is still inaccessible to wheelchair users, and many wheelchair users have other attendant health and mobility issues. A criterion of 'being able to 'get around' omits consideration of individuals with learning disabilities who have full mobility but absolutely no road awareness, and who, if left unattended and unsupported are a danger to themselves and others.

It makes sense for those applying for help and assistance under the new proposals to be given a full picture of their rights and entitlements. It is also useful for individuals and families to be signposted towards additional help from other agencies, although their acceptance of such signposting should not be seen as a way of government seeking to avoid *its* responsibilities in offering appropriate state support. There is concern that 'some form of requirement to access advice and support' might indicate a coercion of some kind. It is unclear whether this is about helpful information and advice being given to applicants by external agencies, or whether the onus will be on the applicant to demonstrate that they themselves have sought such advice prior to state funding being made available to them.

It is clear that recipients of DLA have been able to access a range of other services and entitlements from other vital government funding such as the ILF, or The Family Fund, to access community facilities where there is a need to evidence disability. Better communication across relevant government agencies and departments might create a more holistic approach and make life easier for individuals and families. Loss of the pass-porting process would seriously complicate the application process for already be-leaguered families and would not advance the government's declared intent to make the benefit system more accessible and reduce bureaucracy.

Finally I should like to submit another case study which makes the case for the less profoundly disabled individual with a learning disability and the need to sustain a funding process that enables a level of self-determination that avoids expensive crisis management.

'I know that many families consider DLA of central importance in their relatives' lives. It is of especial significance to the majority of disabled individuals who fall into the lower levels of need i.e. those who do not receive expensive care packages, playing a vital role in helping them to avoid becoming more at risk and falling into a need that requires far more comprehensive and expensive support.

I want to stress the central importance that DLA eligibility has in a disabled persons' life:

- It acts as a 'passport' to other disability benefits and support e.g. discount travel, grants and subsidies which enable fuller access to 'ordinary' life
- DLA helps people overcome mobility problems and associated costs of being disabled
- It enables disabled people to remain independent
- DLA encourages less reliance on council run disability services and helps people avoid more expensive support – i.e. it encourages a 'can-do' mentality
- It is a vital component of core income that would need to be replaced were it lost (especially for working disabled people)

DLA is a key component of income for many disabled people who work either part-time or survive on low incomes. Despite legislation, disabled people **are** discriminated against in the workplace either intentionally or by default– e.g ALL statutory departments (or at least those that short list and exclude candidates on the basis of IQ or performance capacity) preclude people with even a mild learning difficulty from being shortlisted.

If DLA is lost then it will need to be replaced by other sources of income in order to ensure that current vulnerable recipients reach the minimum income levels that they require.

As a case study, my son works part time although is partially sighted has extreme dyspraxia and struggles with many daily tasks. His DLA is a vital part of his income and used by him to cover additional costs he faces in trying to live a normal life e.g, allowing him to use expensive taxis when it is slippery; maintain a laptop to keep on top of his vocational course work and in touch with people (an essential aid for people with dyspraxia), and other key activities.

Without DLA he would struggle and doubtless seek an assessment for support through social service budgets, worse still may not be able to get to work, lose his job, stop paying taxes, claim benefits etc.'

Submitted by John Cushen, Director of Cardiff and Vale Parents' Federation, a parent-led organisation that supports 800 families in Cardiff and the Vale of Glamorgan.

There is a clear sense throughout this document that the reformed DLA benefit, will, unlike the present DLA, reference only the body and physical health needs.

There are a number of questions that still remain un-addressed:

What about contextual and environmentally provoked needs such as poverty?

What about social and cultural needs?

The origins of the soon-to-be abolished ILF arose out of recognising poverty as a common consequence of disability along with the need to fund life-enrichment. Where will such funding derive now?

We put this response to you and wait to see how you will address our concerns.

The All Wales Forum of Parents and Carers for People with Learning Disabilities, March 2011.

A Modern Blue Badge scheme for Wales: Action plan for key stakeholders



A second Blue Badge Eligibility consultation is taking place at present and this time the Welsh Assembly Government is calling for evidence

about extending eligibility of the Scheme to new groups of disabled people. The Welsh Assembly Government is particularly interested in how and why the below issues have impacted on disabled people and their lives.

Overview:

The Blue Badge Scheme is recognised as a valuable resource allowing limited on street parking concessions. It enables those who have mobility impairments to park closer to services and facilities and in parking bays which are designed to be accessible. However the provision of on-street and off-street dedicated parking bays is limited, although Blue Badge holders are able to park on single or double yellow lines.

Call for evidence:

The Welsh Assembly Government is calling for information about the mobility barriers faced by people with Autistic Spectrum Disorder; Alzheimer's and other forms of dementia; learning difficulties and mental health issues. It is important to establish information available to help inform future policy on possible changes to the eligibility criteria of the Scheme.

Autistic Spectrum Disorders

1. Evidence is required on the mobility barriers experienced by an individual with ASD and their need for supervision or a chaperone when negotiating roads and traffic. Also, how ASD can be assessed to decide who is suitable for the Scheme? What are the mobility barriers that Individuals with Autistic Spectrum Disorders face?
2. What barriers do individuals with Autistic Spectrum Disorders face other than mobility that may need to be considered as eligibility criteria for a Blue Badge?
3. Is there any supporting data or research?
4. In what circumstances does supervising an individual with Autistic Spectrum Disorders become so difficult or stressful that the allocation of a Blue Badge would be beneficial?
5. What data do you have to indicate the number of people who have severe Autistic Spectrum Disorders?
6. How could a person with Autistic Spectrum Disorders be assessed to ensure that Blue Badges are allocated on the basis of need?

Learning Difficulties

Evidence is required to identify whether those with learning difficulties would require a Blue Badge. Also what eligibility criteria could be used and how this could be assessed.

1. What are the mobility barriers that individuals with learning difficulties face?
2. What barriers do individuals with learning difficulties face other than mobility that may need to be considered as eligibility criteria for a Blue Badge?
3. Is there any supporting data or research?
4. In what circumstances does supervising an individual with learning difficulties become so difficult or stressful that the allocation of a Blue Badge would be beneficial?
5. What data do you have to indicate the number of people who have severe learning difficulties and/or mental health issues?
6. How could a person with learning disabilities be assessed to ensure that Blue Badges are allocated on the basis of need?

The All Wales Forum has put in a response on behalf of parents and carers of people with learning disabilities, and we know that many of our alliance partners have also responded. We will keep you updated on changes and outcomes from this consultation.



Student Assistance Programmes **developing this scheme across Merthyr Tydfil**

For the last 10 years Cheryl Watkins, Director of Student Assistance Training International, has provided training to schools and community mental health specialists in Wales and England. For the last two years Merthyr Tydfil school personnel, mental health workers and community leaders have been trained and are successfully implementing the Student Assistance Programme. SATI is also very proud to have a student support group, and select sections from the training manual successfully translated into Welsh.

The Student Assistance Programme is a comprehensive school based primary prevention and early intervention programme to promote the social, emotional and behavioural health and well-being of all children in the educational system and community. SAP is being implemented by trained staff who are now expanding the programme to help young people with special education needs, particularly those with social, emotional and behavioural difficulties including speech and language difficulties (SEBD).

SAP was featured in SEN, the Journal for Special Needs Jan/Feb 2007, addressing the needs of vulnerable children leaving primary school and adjusting to life in secondary schools. One in 5 children in England and Wales who have special education needs find a poorly managed transition from Key Stage 2 to Key Stage 3 can significantly increase the risks of social and academic failure. A smooth transition from primary to secondary school is not a reality for a large number of children. Research has reported that children identified with some degree of special education needs, account for 67% of all exclusions and the most difficult children to include in mainstream schools are those with challenging behaviours. (Audit Commission, 2002) of "Transition and SEN: every SEBD child matters"

Support groups are a feature of the Student Assistance Programme approach and give students a safe place to share their feelings and concerns. The groups are highly structured with clear guidelines and rules and require facilitation by two trained personnel. Implicit in the group experience is a curriculum which develops inter and intra personal skills such as active listening, empathy and trust building. The pupils attended the group for eight weekly sessions. The pre and post-test evaluation measuring self-esteem and locus of control found that the programme:

1. insulated the pupils passage into high school
2. exposed in more detail the nature of the perceived vulnerabilities
3. accelerated the matching of needs and resourcing
4. more withdrawn pupils had grown in confidence during their attendance in group
5. students requested a continuation of the group
6. acceleration of the formation of pupil-pupil relationships and pupil-adult relationships
7. students asking for further support group sessions "they needed human interactions to help with their learning, they did not want to do things on their own, they wanted to do things in groups, and to collaborate with each other."

In 2005 SAP piloted an initial programme in Wrexham and adapted the support groups to work with year 6 children, all attending different schools, all of whom were recognized to have speech and language impairments. These children were struggling at school because they experienced social, emotional and behavioural difficulties which resulted in them becoming tearful and uncooperative during their speech and language sessions.

Interesting findings at the end of the 8 week Pilot SAP group sessions included:

Before the group: The children felt nervous, fearful, sadness based on prior experience and peer relationships:

1. "I felt nervous, I was unhappy because people made fun of me."
2. "I was shy- I didn't know anyone. I was someone that people left out of games and people don't like me."
3. "I was sad, frightened, I didn't know any people."
4. "I was sad and shy in school."

After the group: All the children reported feeling more positive about relationships. For most, the ability to share feelings was recognized as an important part of making relationships in the group:

1. "It's nice to share your problems with others."
2. "I'm happy because I was able to share my feelings in group."
3. "I talked about highs and lows and what I liked."
4. "I'm happy, I know people now, I feel OK."

Trust was another important concept for the children in group:

1. "I made new friends in group."
2. "My friend looked after me."
3. "I made friends with new people."
4. "People like me now."

To give and receive structured positive feedback

1. "I feel that I am a brave person."
2. "I know that I am a kind person."
3. "I know that people like me, just the way I am."

Learning New Skills: Sharing, talking and feeling

1. "I learned how to talk to people."
2. "I learned how to share my feelings with others."
3. "I learned more about other people."
4. "I learned to trust people."

Group facilitator observations:

The development of confidence was a broad theme.

1. "In the beginning we questioned how much she understood in group. Now we feel she understands more than we gave her credit for."
2. "Her reluctance to take part was due to shyness. As the group progressed, she participated fully."
3. "We thought he was not capable of participating in group due to lack of understanding. Now we know that his reluctance to take part in the group activities was due to him feeling uncomfortable talking in front of the group because he got laughed at."
4. "Initially she was extremely quiet and shy. She grew in confidence over the weeks and became a positive role model for other children."

For more information on the Student Assistance Programme and to discuss possible training in your school/community you can contact us: Cheryl Watkins, Director, Student Assistance Training International. E-mail: catiwat@aol.com Web site: cwsap.com

Cheryl Watkins

Joint Conference for carers on relationships, sexuality and learning disability - Too Embarrassing to talk about

The All Wales Forum is working in partnership with Mencap Cymru to bring carers the opportunity to talk openly and securely about issues and concerns they face when addressing relationships and sexuality with their children. Whilst the All Wales Forum recognises the need to ensure those with learning disability have the same rights to have meaningful relationships within their lives, we also recognise that for many families this brings with it concern and conflict, as we seek the best for our relatives but worry about possible consequences for the future. We know it's not an easy topic to debate for many families, but we also know that this is a topic that we cannot afford to ignore if we are to support our relatives to lead fulfilling lives, which include meaningful relationships with people outside of their immediate family or paid support circles. The more involved we are in working out possible solutions the more confident we will be in taking this forward.

The conference is focussed on carers and will provide an opportunity for us to share thoughts and raise concerns in a free, safe and open environment so we can start to address them together. ***The conference will take place at the Wales Millennium Centre and is free to parents and non paid carers.*** Paid carer staff/supporters will be charged £20.00. We only have 60 places available as we want it to be small for networking and relationship building and honesty, so please book early to avoid disappointment.

To book a place please call the Wales Learning Disability helpline on 0808 808 1111

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| 10.00am | Arrival & registration, coffee |
| 10.30am | Welcome
Wayne Crocker, Director Mencap Cymru |
| 10.45am | Two mums' experience
An interview with Dot Gallagher and Ann Williams, two parents from Ynys Mon who have supported their son and daughter through the growth of their relationship
- Kate Young, Director AWF |
| 11.00am | "I get lonely sometimes"
Sexual understanding and social exclusion of young people with learning disabilities
Dr Jaycee Pownall, University of Glasgow
Presenting research findings from studies with young people with learning disabilities and their non-disabled peers |
| 11.30am | "That's a tricky one"
Mothers views about the sexual understanding and needs of their sons and daughters with learning disabilities
Professor Andrew Jahoda, University of Glasgow & Professor Richard P. Hastings, University of Bangor, Wales.
Presenting research findings from the latest study with mothers of young people with learning disabilities |
| 12.00pm | Workshop 1 |
| 1.00pm | Lunch and Info Zone |
| 2.00pm | Workshop 2 |
| 3.00pm | Q & A session & closing remarks |
| 3.30pm | Ends |

Consultation on the new Mental Health Measure Regulations ***responses required by May 16th 2011***



Llywodraeth Cynulliad Cymru
Welsh Assembly Government

The Welsh Assembly Government is currently consulting on the new regulations that will be brought into force to support the new Mental Health Measure. Although this measure may not seem relevant to all parents and carers connected with the Forum, many families support relatives who suffer from mental health issues as well as learning disabilities. Therefore it is vital that we all respond to the proposals to ensure that the important role of carers is not lost under both the new regulations proposed and the guidance, which is yet to be developed. Below are the key regulations connected with the measure that we feel have a direct impact on carers and we would welcome your feedback. We would also support any local organisations to put in their own independent responses.

Coordination of and Care Planning for Secondary Mental Health Service Users **Understanding the new legislation**

How the legislation works

It Applies to “relevant patients” who are defined as;

- persons of any age receiving secondary mental health services or in guardianship
- the services have to be provided by an LHB or Local Authority in Wales
- the patient does not have to be in Wales, but must be in receipt of services provided or secured by Welsh LHB/LA

The Local Health Board or the Local Authority has a duty to

- appoint a care coordinator for a relevant patient “*as soon as is reasonably practicable...*”
 - coordinate mental health services to improve effectiveness of the mental health services
- The care coordinator works with patient and service providers to agree outcomes, care and treatment plans and records the care and treatment plan in writing.

The Welsh Assembly Government has regulation making powers in respect of deciding

- eligibility of care coordinators
- form and content of care and treatment plans
- review and revision of plans and the persons to be consulted in making, reviewing and revising plans
- persons to be provided with copies of plans
- information on discharge from secondary mental health services

The relevant regulations for discussion are as follows:

Regulation 3

We propose that the Local Health Board should be responsible for appointing a care coordinator for a service user unless;

- the service user is subject to guardianship under the Mental Health Act, or
- a child who is looked after by, or receives certain services provided by the local authority, in which case the local authority will be responsible for appointing the care coordinator.

The Forum is concerned that in the case of many people with learning disability, they are supported by the Local Authority under a social model of care and not the Local Health Board. In the recent group consultations it was suggested that the list above made reference to some groups being better placed under the local authority. We would welcome your thoughts on this issue before we put in our formal response in April 2011.

Regulation 4

We propose that only

- social workers
- mental health or learning disability nurses
- occupational therapists
- psychologists or
- medical doctors

with appropriate experience or training can be care coordinators

Q: Is this the right list of people? Currently the view is that registered professionals can be monitored etc for quality.

Regulation 5

• Care and treatment plans must be completed on the Welsh Assembly Government forms and must include;

- the outcomes which services must provide
- the details of all services which are to be provided and who will provide them
- the outcomes which these services are designed to achieve
- the wishes and feelings of the service user regarding the services which are being provided
- any Welsh language requirements the service user may have.

Outcomes from the care plan can be achieved in the following areas;

- finance and money
- accommodation
- personal care and physical well-being
- education and training
- work and occupation
- parenting or caring relationships
- social, cultural or spiritual
- medical and other forms of treatment including psychological interventions

Q. Are these outcome areas right, should care plans include any other details?

The following persons must be consulted

- all persons with parental responsibility *
- all carers *
- the responsible clinician
- the guardian
- a donee or deputy *
- an independent mental *capacity* advocate
- the managing authority and supervisory body (if applicable)
- the 'relevant person's representative' (if applicable)
- The following may be consulted
- persons the service user wishes to be consulted *
- persons the care coordinator believes necessary

Currently, those that have a star next to them have conditions attached. Under the current regulations, although parents and carers are listed, if their relative states that they do not wish them to be consulted then they can be left out of this process. It is up to the care coordinator to decide if parents and carers are required to gather essential information. The Forum is very concerned about this suggestion, as we feel that many individuals require family support and therefore the role of a carer is vital in recognising need and support. We would urge you to send us your comments and feedback on this issue, and to ensure that you write to express the importance of parents and carers in gathering useful information required for developing a good care plan. Many people with learning disabilities can express their views and understand the consequences of their decisions, however there are many more who can not, and therefore they rely on family members to advocate for their aspirations and needs to be met.

Copies of care plans

- The following persons must receive a copy:

- the service user *
- the organisations providing mental health services in the plan *
- all persons with parental responsibility *
- all carers *
- the service user's GP *
- the responsible clinician
- the guardian and responsible local authority
- a donee or deputy *
- an independent mental *capacity* advocate
- the managing authority and supervisory body (if applicable)
- The following may also receive a copy
 - persons the service user wishes to get a copy *
 - persons the care coordinator believes necessary

Likewise, receiving a copy of the care plan is dictated by the personal views and wishes of the person using the service. If they do not wish for their carers to have a copy then no copy will be given. The Welsh Assembly Government is proposing to use the Mental Capacity Act to

establish if someone can make a decision on this issue. However, this does not necessarily mean that all people asked will understand the consequences of the decision they make. In addition to this concern, many parents and carers supporting people will have a key role to play in providing care and support, and the current proposals mean that they could be left in the dark over care planning, even crisis and emergency procedures.

Whilst the Forum fully endorses the value behind empowering the individual using the service, and we agree that their view should be sought, we are concerned that for some people it may create potential problems with carer support. We would hope to see that carers are always consulted and given a copy unless there is clear reason for concern expressed by the individual in question.

The Forum has already spoken publicly about the need to consider people who may lack the capacity to understand the consequences of this decision, and also the rights of carers to be able to carry out their caring tasks with clarity and confidence. We will be making this point in our formal written response, but we would welcome any additional thoughts or comments on this issue to add to our own. There is also the potential conflict between this area of the Mental Health Regulations and the new Carers Measure. The Carers measure provides clear guidelines for not excluding parents and carers in service planning, and to recognise a carer's right to have their own mental health and well-being looked after during any planning processes. Again, this is something that the Forum has already highlighted and will continue to do so throughout this consultation period.

You can access a full copy of the consultation documents from;
<http://wales.gov.uk/consultations/healthsocialcare/care/?lang=en>

Please can you get comments back to us by Friday 15th April 2011, and put in direct responses to the Welsh Assembly by Monday 16th May 2011.

Email: mentalhealthandvulnerablegroups@wales.gsi.gov.uk

Post: Mental Health Legislation Team, Welsh Assembly Government, Cathays Park. Cardiff. CF10 3NQ

Kate Young

What We Do

The AWF seeks to achieve the human rights of people with learning disabilities and their parents and carers by:

- ◆ Representing parents and carers;
- ◆ Identifying relevant All-Wales issues;
- ◆ Devising campaign strategies around these issues;
- ◆ Empowering parents and carers to deal effectively with all authorities and organisations involved in service provision for people with learning disabilities;
- ◆ Working with other organisations to achieve a Wales-one-voice approach.

Beth Rydym yn ei Wneud?

Mae Fforwm Cymru Gyfan yn ceisio cyflawni hawliau dynol pobl ag anableddau dysgu a'u rhieni a'u gofalwyr trwy:

- ◆ Cynrychioli rhieni a gofalwyr;
- ◆ Nodi materion Cymru Gyfan perthnasol;
- ◆ Dyfeisio strategaethau ymgyrchu o gwmpas y materion hyn;
- ◆ Grymuso rhieni a gofalwyr i ddelio'n effeithiol gyda'r holl awdurdodau a'r cyrff sydd yn ymwneud â darpariaeth gwasanaeth i bobl ag anableddau dysgu;
- ◆ Gweithio gyda chyrff eraill i gyflawni ymagwedd un llais i Gymru.

Contact Details:

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Cardiff. CF15 7RB
Tel/ 029 20811120

Email:
anne-marie.allwalesforum@comeuro.co.uk;



Fforwm Cymru Gyfan i Rieni a Gofalwyr Pobl ag Anableddau Dysgu (FfCG) **FFURFLEN GAIS AELODAETH**

Hoffwn/Hoffem wneud cais am aelodaeth o Fforwm Cymru Gyfan.
(Ticiwch y categori aelodaeth perthnasol)

Llofnod:

Dyddiad:

Enw:
LLYTHRENNAU BRAS

Cyfeiriad:.....

.....

Côd Post.....

Rhif Ffôn.....

E-bost.....

Os yn Gorff neu'n Grŵp, enw cyswllt:

.....

Gwnewch sieciau'n daladwy i **A.W.F.P.C.** os gwelwch yn dda. Anfonwch y ffurflenni wedi eu llenwi a sieciau at:
Fforwm Cymru Gyfan, 21 Cardiff Road, Taffs Well, Cardiff. CF15 7RB

Deddf Diogelu Data. Defnyddir gwybodaeth bersonol yn unig i weinyddu bas data'r Fforwm. Os cawn roi eich manylion i aelodau eraill y Fforwm yn eich ardal, ticiwch yma os gwelwch yn dda:

Elusen Cofrestredig Rhif. 1071726

Cwmni Cyfyngedig Cofrestredig yng Nghymru a Lloegr Rhif. 3583933

All Wales Forum of Parents and Carers of People with Learning Disabilities (AWF) MEMBERSHIP APPLICATION FORM

I / we would like to apply for membership of the All Wales Forum.
(Tick relevant category of Membership)

Signature:

Date:

Name:.....

Address:.....

.....

.....

Postcode.....

Tel No.....

Email.....

Contact name if for Organisation or Group

.....

Make Cheques payable to **A.W.F.P.C.**

Please send completed forms and cheques to:

All Wales Forum, 21 Cardiff Road, Taffs Well, Cardiff. CF15 7RB

Data Protection Act Personal information is only used in the administration of the Forum's database. If we may give your details to other members of the Forum in your area please tick here:

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