

NETWORKING ACROSS BRITISH COLUMBIA
Be a Link in the Cerebral Palsy Association of B.C. Networking Chain

Have there been times when you would like to connect with others in your community who are experiencing the same challenges that you are? Or have you thought that it would be nice to connect with others who share your common experiences? We hear this daily from people across the Province who would like to talk with someone from their community around common topics around cerebral palsy.

We want to assist you, whether you're an individual or family member, in linking up with others in your community to share information. Thus we hope you will take a moment to complete this Networking Survey so that we can help build essential Community Networks.

Send this form back to us with your Membership renewal form! *Fill in as much information as you want-- leave blank any parts that you do not wish to answer.*

Yes, I would like to be a Link in the CP Networking Chain

1. Name: _____

2. Address: _____

3. **Phone: _____ Fax: _____ Email: _____

****The best way for someone to contact me is?? Please circle one of the above****

4. **My interest in cerebral palsy is:**

I am an individual living with cerebral palsy and my age range is:

- 18-30**
- 31-45**
- 46-60**
- 61-75**
- 76 and above**

I am a parent of an individual living with cerebral palsy and his/ her age is:

- Birth-3**
- 4-6**
- 7-12**
- 13-18**
- 19-25**
- 26-35**
- 36-45**
- 46 and above**

- I am a family member of an individual living with cerebral palsy (please check and circle appropriate ones)
 - Sibling (brother/ sister)
 - Grandmother/ grandfather
 - Cousin
 - Aunt/ Uncle
 - Other _____

 - I work with an individual who lives with cerebral palsy
 - Nurse
 - Doctor
 - Social worker
 - Therapist—type _____
 - Care Attendant
 - Other

 - None of the above categories fit for me---please explain
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5. I *could and would* like to provide information to others about resources in my community in the following topic areas:

- Advocacy tips to help others get what they need
 - Government services that are working in my community
 - Medical professionals in my area:
 - Doctors that can be referred
 - Therapists
 - Others _____
 - Educational details that pertain to my community
 - Treatment options/ facilities around my community
 - Recreational and social opportunities in my community
 - Caregiving options in my community
 - Housing Information in my community
 - Transportation in my community
 - A listening ear and general mutual support
 - Other Areas (please specify):
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You can either mail or fax this back to us.

**Our mailing address is: 801-409 Granville Street
 Vancouver, BC V6C 1T2
 Our fax number is (604) 408-94896. Thanks!**