



Research Involvement Network enrolment form

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Becoming a member of the Research Involvement Network means we will occasionally send you information about opportunities to become involved in AAC research projects.

Please note the declaration at the foot of this sheet must be signed by the applicant or their appointed representative.

Title: (e.g. Mr/Mrs/Ms)

Name:

Address:
.....

Postcode: Contact phone number:

Email address:

Please tick the boxes that apply to you:

- I use Augmentative & Alternative Communication (*please fill in page 2*)
- I am a family member or carer (paid or voluntary) of an individual who uses AAC (*please fill in page 3*)
- In my job I work with people who use AAC (*please fill in page 4*)

I am interested in taking part in the following activities (tick all that apply):

- Taking part in research (e.g. by completing a survey about my experiences)
- Helping to develop or run research (e.g. by being a member of an advisory panel for a research project)

How we will use your information

The information you have supplied will be stored electronically by Communication Matters. We will use your information to contact you with information about the Research Involvement Network and opportunities to become involved in research projects. We may contact you from time to time with information about other aspects of our work. Communication Matters will store your information securely and confidentially and will not pass your details to any other organisation.

If you decide to leave the Research Involvement Network you can advise us at any time by contacting the Research Manager. Once you have notified us that you wish to leave the network we will remove all data that could be used to identify you. We may keep other data for the purposes of statistical analysis.

I agree Communication Matters may keep the information I have supplied and use it to contact me

Signed: Date:

Relationship to applicant (if signed on behalf of applicant):

If applicant is under 18 years old, this form must be countersigned by a parent or legal guardian:

Signed: Date:

Relationship to applicant:



I use Augmentative & Alternative Communication

If you are willing to give us a bit more information about yourself this will help us to contact you with opportunities that are relevant to you.

Date of birth: **Gender:** MALE FEMALE

1. Please indicate as much as possible what methods of communication you use or have used:

Method	Use now	Used in the past
Gesture or pointing , without use of specialised books, cards etc	<input type="checkbox"/>	<input type="checkbox"/>
Signing (using any recognised or self made signing system)	<input type="checkbox"/>	<input type="checkbox"/>
Communication book(s), charts, card(s) or boards etc	<input type="checkbox"/>	<input type="checkbox"/>
Low Tech manual systems e.g. PECS, E-Tran frames etc	<input type="checkbox"/>	<input type="checkbox"/>
Low Tech electronic systems e.g. single message VOCAs/ those that use overlays	<input type="checkbox"/>	<input type="checkbox"/>
High Tech systems e.g. Touch screen dynamic devices etc	<input type="checkbox"/>	<input type="checkbox"/>
Computer (laptop or desk top) with AAC software	<input type="checkbox"/>	<input type="checkbox"/>
iPad or equivalent	<input type="checkbox"/>	<input type="checkbox"/>

Other (please describe)

2. If you have used electronic systems please indicate types of access you use or have used:

Method	Use now	Used in the past	Method	Use now	Used in the past
Touch Screen	<input type="checkbox"/>	<input type="checkbox"/>	Touch Screen & keyguard	<input type="checkbox"/>	<input type="checkbox"/>
Single switch scanning	<input type="checkbox"/>	<input type="checkbox"/>	Two switch scanning	<input type="checkbox"/>	<input type="checkbox"/>
Head pointer or head mouse	<input type="checkbox"/>	<input type="checkbox"/>	Eyegaze	<input type="checkbox"/>	<input type="checkbox"/>
Typing (on keyboard)	<input type="checkbox"/>	<input type="checkbox"/>	Facilitated communication	<input type="checkbox"/>	<input type="checkbox"/>

Other (please describe)

3. Please give details of any condition(s) or diagnosis that has led to your use of AAC:

- | | |
|--|--|
| <input type="checkbox"/> Cerebral palsy | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Motor Neurone Disease | <input type="checkbox"/> Down's syndrome |
| <input type="checkbox"/> Traumatic brain injury | <input type="checkbox"/> Multiple Sclerosis |
| <input type="checkbox"/> Parkinson's | <input type="checkbox"/> Learning difficulties |
| <input type="checkbox"/> Head, neck or oral cancer | <input type="checkbox"/> Autism/Autistic Spectrum Disorder |
| <input type="checkbox"/> Muscular dystrophy | <input type="checkbox"/> Specific Language Impairment |
| <input type="checkbox"/> Profound & multiple learning difficulties | <input type="checkbox"/> Other (describe) |

I am a family member or carer of an individual who uses AAC

If you are willing to give us a bit more information about yourself this will help us to contact you with opportunities that are relevant to you.

Date of birth: **Gender:** MALE FEMALE

1. Please tell us your relationship to the person you support e.g. mother, partner, neighbour etc

Name of person using AAC: **I am their:** **Their date of birth:**

2. Please indicate as much as possible what methods of communication they use or have used:

Method	Use now	Used in the past
Gesture or pointing, without use of specialised books, cards etc	<input type="checkbox"/>	<input type="checkbox"/>
Signing (using any recognised or self made signing system)	<input type="checkbox"/>	<input type="checkbox"/>
Communication book(s), charts, card(s) or boards etc	<input type="checkbox"/>	<input type="checkbox"/>
Low Tech manual systems e.g. PECS, E-Tran frames etc	<input type="checkbox"/>	<input type="checkbox"/>
Low Tech electronic systems e.g. single message VOCAs/ those that use overlays	<input type="checkbox"/>	<input type="checkbox"/>
High Tech systems e.g. Touch screen dynamic devices etc	<input type="checkbox"/>	<input type="checkbox"/>
Computer (laptop or desk top) with AAC software	<input type="checkbox"/>	<input type="checkbox"/>
iPad or equivalent	<input type="checkbox"/>	<input type="checkbox"/>
Other (please describe)		

3. If they have used electronic systems please indicate types of access they use or have used:

Method	Use now	Used in the past	Method	Use now	Used in the past
Touch Screen	<input type="checkbox"/>	<input type="checkbox"/>	Touch Screen & keyguard	<input type="checkbox"/>	<input type="checkbox"/>
Single switch scanning	<input type="checkbox"/>	<input type="checkbox"/>	Two switch scanning	<input type="checkbox"/>	<input type="checkbox"/>
Head pointer or head mouse	<input type="checkbox"/>	<input type="checkbox"/>	Eyegaze	<input type="checkbox"/>	<input type="checkbox"/>
Typing (on keyboard)	<input type="checkbox"/>	<input type="checkbox"/>	Facilitated communication	<input type="checkbox"/>	<input type="checkbox"/>
Other (please describe)					

4. Please give details of any condition(s) or diagnosis that has led to their use of AAC:

- | | |
|--|--|
| <input type="checkbox"/> Cerebral palsy | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Motor Neurone Disease | <input type="checkbox"/> Down's syndrome |
| <input type="checkbox"/> Traumatic brain injury | <input type="checkbox"/> Multiple Sclerosis |
| <input type="checkbox"/> Parkinson's | <input type="checkbox"/> Learning difficulties |
| <input type="checkbox"/> Head, neck or oral cancer | <input type="checkbox"/> Autism/Autistic Spectrum Disorder |
| <input type="checkbox"/> Muscular dystrophy | <input type="checkbox"/> Specific Language Impairment |
| <input type="checkbox"/> Profound/multiple learning difficulties | <input type="checkbox"/> Other (describe) |

If you support more than one person who uses AAC feel free to photocopy this page or ask us for an extra sheet for their details.

In my job I work with people who use AAC

Job title:

Employer:

(If you have more than one employer please give main one. Your employer will NOT be contacted.)

1. Professional role:

- | | |
|--|--|
| <input type="checkbox"/> Speech & Language Therapist | <input type="checkbox"/> Speech & Language Therapy assistant |
| <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Technical/AT/ICT specialist |
| <input type="checkbox"/> Head teacher | <input type="checkbox"/> Mainstream teacher |
| <input type="checkbox"/> SEN teacher | <input type="checkbox"/> SEN Co-ordinator (SENCO) |
| <input type="checkbox"/> Teaching or classroom assistant | <input type="checkbox"/> Medical practitioner |
| <input type="checkbox"/> Psychologist/Child Psychologist | <input type="checkbox"/> Physiotherapist |
| <input type="checkbox"/> Social Worker | <input type="checkbox"/> Administrator/fundraiser/supporter |
| <input type="checkbox"/> Other (please describe) | |

2. Please give details of the client group(s) you work with (tick all that apply):

- Children Adults

3. Please give details of the condition group(s) you work with (tick all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Cerebral palsy | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Motor Neurone Disease | <input type="checkbox"/> Down's syndrome |
| <input type="checkbox"/> Traumatic brain injury | <input type="checkbox"/> Multiple Sclerosis |
| <input type="checkbox"/> Parkinson's | <input type="checkbox"/> Learning difficulties |
| <input type="checkbox"/> Head, neck or oral cancer | <input type="checkbox"/> Autism/Autistic Spectrum Disorder |
| <input type="checkbox"/> Muscular dystrophy | <input type="checkbox"/> Specific Language Impairment |
| <input type="checkbox"/> Profound & multiple learning difficulties | <input type="checkbox"/> Other (describe) |

I would like to take part in research myself YES NO

I can help to find participants from my client group(s) YES NO

If you have questions please contact us at rin@communicationmatters.org.uk
Please return this form to: Communication Matters, 3rd Floor, University House, University of Leeds, Leeds, LS2 9JT or email to: admin@communicationmatters.org.uk (or email us to send you a stamped reply envelope).