



Website: [www.softireland.com](http://www.softireland.com)

E-mail: [soft.contactme@gmail.com](mailto:soft.contactme@gmail.com)

Freephone: 1800 213 218

## Membership Application Form

S.O.F.T. Ireland, the Support Organisation for Trisomy 13 & Trisomy 18 in Ireland, is a voluntary group dedicated to providing support, assistance & information for families of children diagnosed and born with Patau's Syndrome (Trisomy 13) & Edwards' Syndrome (Trisomy 18). Support is provided during prenatal diagnosis, during the child's life & after the child's passing.

### Applicant Details

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Eircode \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Mobile(s) \_\_\_\_\_

Mobile(s) \_\_\_\_\_

### Family Details

Child(s) Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Syndrome \_\_\_\_\_

Date of Death \_\_\_\_\_

Sibling(s) & Ages \_\_\_\_\_

### Medical Care Information

Health Board \_\_\_\_\_

GP \_\_\_\_\_

Social Worker \_\_\_\_\_

Consultant \_\_\_\_\_

PHN \_\_\_\_\_

Social Worker \_\_\_\_\_

**This section is to be completed if your child is living**

**Where is your child cared for?** Home full time, hospital, residential care

\_\_\_\_\_

\_\_\_\_\_

Please turn over page to complete the form >

**Is your child attending school or day-care?**

If yes please give the name of school or day-care centre and attendance details (hours per day / week)

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**How did you first hear about S.O.F.T. Ireland?**

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I / we hereby apply for membership of S.O.F.T. Ireland. I understand that I will be notified of S.O.F.T. Ireland events I can attend with / without my family and photographs may be taken at such events for use on the S.O.F.T Ireland Website & in the Newsletter.

Signed \_\_\_\_\_

Signed \_\_\_\_\_

Print Name \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

Please Note\* \_\_\_\_\_

Please Note\* \_\_\_\_\_

**Please note\*** The information included on this application form is for review by S.O.F.T. Ireland & will not be shared with persons outside of the organisation membership.

Please tick here if you would like to receive text messages or e-mail messages from S.O.F.T. Ireland

**Please return the completed form to:**

Allison Donohoe  
**Membership Officer**, S.O.F.T. Ireland,  
22 Maywood Avenue, Raheny, Dublin 5

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| <b>To be completed by S.O.F.T. Ireland</b> |
|  |
| <b>Date completed Application received</b> |
|  |
| <b>Action Taken</b>                        |
|  |
| <b>Completed by / Date</b>                 |