



Autistic Partnership Network Membership Form – Printable

Vour dotaile and anawere wi	Il romain confidential	Thoy will not be obere	d with other AP-NZ members.
Your details and answers wi	u remain connuential.	They will not be share	a with other AP-INZ members.

IXXI		ding the questions or if you need this forn uth Monk: ruth.monk@canterbury.ac.nz.	·
Name:			
Pronouns (opt	tional):		
Email address	::		
If you would p	refer us to contact yo	ou using a different method, please des	scribe (optional):
Do you identif	y as Autistic?		
□Y	es, formal diagnosis	\square Yes, self-identified/self-diagnosed	\square Yes, prefer not to say
	be how you prefer to nmunication methods.	communicate: For example: writing, spe	eaking, AAC, sign language, a
(optional). For	example: accessibilit	ccommodations that may help you to b ty requirements; sensory, social, and con pecific supports for online and/or face-to	mmunication supports; support

and connections to autism. The following questions can help us understand your lived experience. What is your age in years (optional)? What is your gender identity (optional)? _____ How would you describe your ethnicity (optional)? Where in Aotearoa New Zealand do you live (optional)? At what age were you diagnosed (or identified) as Autistic (optional)? ______ If you have additional disabilities, neurodivergence, or co-occurring conditions, please list these (optional): Do you have any additional connections to autism (optional)? Please select all that apply: ☐ I am a parent of an Autistic child/children ☐ I have Autistic family or whānau members ☐ I support Autistic people (e.g., as a support worker \square I am an education professional who works with or via autism organisations) Autistic people (e.g., as a teacher) ☐ I am a healthcare professional who works with ☐ I conduct autism research (e.g., in academia or Autistic people (e.g., as a therapist) via autism organisations) \square Other, please describe: Is there anything else you would like to share about yourself? _____

The AP-NZ is a diverse network of Autistic people. Each member has their own experiences, perspectives,

The AP-NZ is a network of Autistic people living in Aotearoa New Zealand. All members of the AP-NZ agree to follow a set of principles. Members of the AP-NZ can choose to leave the network at any time.

Read about the AP-NZ principles here:



Autistic Partnership Principles

Please confirm that you meet the requirements to become a member of the AP-NZ.

If are unsure whether you meet a requirement or if you require more information, please select the "unsure" checkbox and Ruth will contact you to discuss this further.

	Yes	No	Unsure
I identify as Autistic			
I am at least 16 years of age			
I live in Aotearoa New Zealand			
I agree to follow the AP-NZ principles			
Everyone's input is important			
Include all Autistic perspectives			
Support different forms of communication			
Use Autistic-preferred language			
Respect confidentiality			

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Please email your completed form to the AP-NZ Chair Ruth Monk: ruth.monk@canterbury.ac.nz.

You will receive confirmation that you have been added to the AP-NZ network within two weeks.