**Autistic Partnership Network Membership Form – Printable**

Your details and answers will remain confidential. They will not be shared with other AP-NZ members.

**If you need help understanding the questions or if you need this form in a different format, please contact the AP-NZ Chair Ruth Monk: ruth.monk@canterbury.ac.nz.

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Pronouns (optional):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If you would prefer us to contact you using a different method, please describe (optional):**

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**Do you identify as Autistic?**

|  |  |  |
| --- | --- | --- |
| [ ]  Yes, formal diagnosis | [ ]  Yes, self-identified/self-diagnosed | [ ]  Yes, prefer not to say |

**Please describe how you prefer to communicate:** *For example: writing, speaking, AAC, sign language, a mixture of communication methods.*

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**Please describe any supports or accommodations that may help you to be fully included in the AP-NZ (optional).** *For example: accessibility requirements; sensory, social, and communication supports; support person or communication partner; specific supports for online and/or face-to-face communication.*

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

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**Where in Aotearoa New Zealand do you live (optional)?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**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):**

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**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 or via autism organisations) | [ ]  I am an education professional who works with Autistic people (e.g., as a teacher) |
| [ ]  I am a healthcare professional who works with Autistic people (e.g., as a therapist) | [ ]  I conduct autism research (e.g., in academia or via autism organisations) |
| [ ]  Other, please describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Is there anything else you would like to share about yourself?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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](https://www.canterbury.ac.nz/content/dam/uoc-main-site/documents/word-docs/research/autism-research/Autistic%20Partnership%20Principles.docx)

**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 |[ ] [ ] [ ]

****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.