

## Expression of Interest

Do you	u						
	have a son or daughter and has behaviour whic as challenging?		•	ever have a need to share your experiences with others who have been down the same road?			
	or your family members alone, afraid, saddened, behaviour of your son o	, stressed by		think you would benefit from learning new ideas or finding out what other people in a similar situation have done?			
	ever feel that if you cou understand or commun or daughter things woul	icate with yo	our son	wish you had support to work through the services and systems you are connected with or need to connect with?			
If you answered yes to one or more of the questions above please complete the following to express interest in being part of Side by Side							
			YOUR DETAIL	.S			
Name:				Date / /			
Address	s:						
Suburb	:	I	Postcode:				
Phone:			Mobile:				
Can we	leave a text message?	Yes	No				
Email:							
What culture do you identify with?							
Do you	need a translator?	Yes	No				

About your family member with challenging behaviour				
Name:	Date of birth:	Gender:		
Relationship to you:				
Where does your family memb	per live (i.e at home or supported livi	ng)?		
What particular issues or conce	erns would you like support with?			
How does your family member	r communicate?			
Does your family member have	e a diagnosis?			
Describe the behaviours which	are challenging to you:			
Please email the completed for to	m t <b>o</b> Maggie.visser@ddwa.org.au <b>or</b> [	Bronwyn.pike@ddwa.org.au_or mail		
Developmental Disability WA City West Lotteries House 2 Delhi Street				
West Perth WA 6005				
If you require any further inform	mation phone: 9420 7203			
You will be contacted by the Signature for.	de by Side Manager to discuss in more	e detail what support you are looking		
treated with the strictest confi	the privacy of individuals and information dence. He by Side is governed by Policies & P	·		