

Please copy and keep for your information

Turner Syndrome Support Society
13 Simpson Court, 11 South Ave, Clydebank Business Park, Clydebank G81 2NR
Tel: 0141 952 8006 Fax: 0141 952 8025 Helpline: 0845 230 7520
Email Turner.Syndrome@tss.org.uk Website www.tss.org.uk
TSSS Charity Registration Number 1080507

TSSS Publications & Information

(Payment can be made by cheque, postal order or in stamps to the equivalent value)

“Turner Syndrome – lifelong guidance & support”

This book published by the TSSS and launched in 2002 covers everything you need to know about TS. It includes diagnosis, genetics, treatments, personal experiences, and other aspects of living with TS. It has been highly acclaimed by health professionals and those with TS and their families. A ‘must have book’.

A minimum donation of £5 to the TSSS please Overseas GBP £10

“Talking About Turner Syndrome” the video

This video is about members of the TSSS who have TS and their families talking about life with the condition and how their lives are affected and how they cope. It also includes doctors talking about TS and treatments and other aspects of the syndrome. It was made with international co-operation from members of TS Societies and doctors from the USA & Japan.

A minimum donation of £5 to the TSSS please Overseas GBP £10

“Talking About Turner Syndrome” the booklet

The booklet has been produced to accompany the video above; it includes photographs and quotes from the video and contains basic information about TS. It can also be used as a stand-alone source of basic information about the syndrome.

A minimum donation of £1 to the TSSS please Overseas GBP £3

“So you are considering a partnership – what does Turner Syndrome mean for us?”

General information for partners.

A minimum donation of £1 to the TSSS please Overseas GBP £3

“How to Help Your Child Survive and Succeed in School”

An information leaflet for teachers.

A minimum donation of £1 to the TSSS please Overseas GBP £3

FREE Booklets tick to request a copy

- “Teens & Turner Syndrome - What’s it All About?”**
Dr Heather Stirling (Consultant Paediatrician) & Ann-Marie McKane (Community Paediatric Sister)
- “Turner Syndrome: A Guide For Patients & Parents”**
- “The Turner Woman: A Patient Guide”**

Information Factsheets please send a small donation to cover copying

- “The Value of Genetic counselling – A Parent’s View”**
- “Footwear Advice for Girls with Turner Syndrome”**
- “Massage techniques (For Lymphoedema)/Skin Care Advice”**
- “Adult TS checks & Clinic information”**
- “Spatial Relations & Learning”** – an explanation of spatial awareness
- “Information for in-utero diagnosis”** – produced by Guy’s & St Thomas’ Hospital

Hospital Information Packs

(for clinics, GP’s are free of charge) – contains poster, information about the TSSS and membership details.

Promotional Pens, Pin Badges and Bookmarks are available – also TSSS ID cards

Please contact the TSSS for more details

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TSSS Charity Registration Number 1080507

The Turner Syndrome Support Society offers support and information to girls and women who have Turner Syndrome (TS), their families and friends.

Members of the Society receive quarterly newsletters and a range of TSSS information leaflets are available. Members can attend any of the Open Days and the Annual Conference (a charge will apply). Membership also offers access to a membership network for social contact with others who share the same interests and concerns. Friendship groups operate in several areas of the UK.

The Society enjoys a good relationship with relevant specialists to promote a good basis for education and understanding of the management of Turner Syndrome. The Society encourages research into all aspects of TS including medical, psychological and educational. Communication between other support groups, both national and international, offers the opportunity for an exchange of ideas to help develop awareness and greater understanding of TS both in the UK and elsewhere.

Health, Educational and Social Services professionals may also obtain information about TS from the Society and become members in order to keep up with research and treatment of TS.

Annual Membership Fee: UK: £30 by standing order, £35 by cheque or PO. OVERSEAS: GBP35 (membership is deemed to include the person with TS & her immediate family)

Membership Form

If you wish to become a member of the TSSS please complete the form below in BLOCK CAPITALS, remembering to sign and date it, and return to the TSSS.

It would be helpful if you could return the completed questionnaire with your membership form.

Name: _____

Address: _____

Postcode: _____ **Telephone:** _____ **Day:** _____ **Mobile:** _____

Email: _____

Parent of daughter with TS I have TS Other, please state: _____

Area of Work: _____ Ethnic Origin: _____

I enclose a cheque for £35 or postal orders to the value of £35

(made payable to the Turner Syndrome Support Society)

I have completed the standing order mandate and sent it to my bank

£30 per year or, £3 per month or, my donation of £_____ per month/year

Overseas members please send a Sterling cheque for £35

I am also enclosing a donation to the value of £_____

I confirm I am a taxpayer and wish the TSSS to claim Gift Aid

I am already a member of the TSSS

Have you ever attended any of our Conferences or Open Days? Yes No

Signature: _____ Date: ____/____/____

All information is kept in the strictest confidence and in accordance with the Data Protection Act for your protection.

Questionnaire

You are under no obligation to complete this questionnaire but your answers will help the TSSS to compile a comprehensive database of information. This [in the future] may benefit others with TS with regard to treatment, education and attitudes towards those with TS. All information is kept in the strictest confidence and in accordance with the Data Protection Act for your protection.

Name of person with TS: _____ Age/DOB: _____

Name of person completing questionnaire on behalf of child under 16: _____

Relationship to child: _____

Participation (please delete as applicable)

I would like contact with other TSSS members YES/NO Other participation: _____
 My child would like a penfriend YES/NO _____
 I am willing to help with fundraising YES/NO _____
 I would like to help in other areas YES/NO _____
 I am willing to help with research YES/NO _____
 I would like details on helping with the TS register YES/NO _____
 I would like to be part of a web message board YES/NO _____
 I am willing to be contacted by the media YES/NO _____

Education: does your child have issues with (please delete as applicable)

Learning support	YES/NO	Maths	YES/NO	Reading	YES/NO
Statemented	YES/NO	Writing	YES/NO	P.E	YES/NO

Medical Issues (please delete as applicable)

Year of diagnosis: _____ Age: _____ Your Karyotype: _____

Name of Hospital(s): _____

Name of Specialist(s): _____

(please continue on a separate sheet of paper if required.)

Eyes	YES/NO	Heart	YES/NO	Feeding	YES/NO	Weight	YES/NO
Dental	YES/NO	Behaviour	YES/NO	Speech	YES/NO	Psychological	YES/NO
Psychiatric	YES/NO	Urinary	YES/NO	Obs/Gynae	YES/NO	Feet Hands	YES/NO
Orthopaedic	YES/NO	Other, please state _____					

Treatments (please circle the appropriate treatments)

HRT THYROXINE INSULIN GROWTH HORMONE STEROIDS GROMMETS

Other, please state _____

To comply with the Data Protection Act the TSSS must inform you that this information will be stored on the TSSS Database. Please sign and date your agreement.

Signature: _____ Date: _____/_____/_____

The TSSS welcomes your involvement as a member. Please write any comments or suggestions below.

Gift Aid Declaration

Turner Syndrome Support Society Charity Registration No: 1080507

If you wish the TSSS to claim Gift Aid please complete the form below and return to the TSSS.

Title: _____ Forename(s): _____ Surname: _____

Address: _____

I want the charity to treat the statement below as Gift Aid:

The enclosed donation of £ _____, plus all donations I have made since 6th April 2000, and all donations I make from the date of this declaration, until I notify you otherwise, as gift aid donations.

Signature: _____ Date: _____/_____/_____

1. You must pay an amount of income tax and/or capital gains tax at least equal to the tax that the Charity reclaims on your donations in the tax year (currently 28p for each £1 you give).
2. You can cancel this declaration at any time by notifying the charity.
3. If in the future your circumstances change and you no longer pay tax on your income and capital gains equal to the tax the charity reclaims, you can cancel your declaration in writing. (see note 1)
4. If you pay tax at a higher rate you can claim further tax relief in your self-assessment tax return.
5. If you are unsure whether your donations qualify for Gift Aid relief, ask the Charity. Or ask your local tax office for leaflet IR65.

6. Please notify the Charity if you change your name and/or address.

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Membership Standing Order Instruction

You can pay monthly or annually, and may include your donation payment with your membership payment, thank you.

To the Manager of _____ (Branch title only)

Sort-code: Account Number:

Account Name: _____

Date: _____/_____/_____ Contact Telephone Number: _____

Standing Order Instruction:

Beneficiary Reference: TSSS MEMBERSHIP

Beneficiary Sort-Code: 40-47-07

Beneficiary Bank Address: HSBC BANK PLC, 24 MARKET SQUARE WITNEY OXFORDSHIRE OX7BG

Beneficiary Account Number: 71369458

Amount £ _____ per month/year Date of First Payment _____/_____/_____

Amount of subsequent payments £ _____

Date of Final Payment _____/_____/_____ or until further notice (UFN)

Signature: _____ Date: _____/_____/_____

PLEASE HAND THIS INTO YOUR BANK