Auditory Processing Disorder (APD) is not a problem with hearing, but with the way sound is processed by the brain. Those with APD can appear deaf but may have perfect hearing. Symptoms can include difficulties distinguishing speech from background noise, reading, spelling, and communication and socialisation difficulties. APD can often co-exist with other learning disabilities. Some sufferers may have a variety of difficulties, some may have one or more. There is no cure, but with accurate early diagnosis and intervention, individual coping strategies can be developed and help provided in school and at work.

APDUK is the first UK parent-run voluntary organisation to provide support and information on APD, little-known in the UK but widely recognised elsewhere. A great deal has already been achieved, primarily via the APDUK website, which has received substantial UK and international interest. This has an informational handouts section and the classroom accommodations and IEP suggestions have been used successfully in schools worldwide. There are also sections on research, links to websites run by professionals, and related books. We have support forums for sufferers and their families and regular online chats.

APDUK has the support of the Medical Research Council (currently in the process of developing accurate UK tests for APD), and a growing number of UK and overseas audiologists, psychologists and educational professionals, both as members of our forum and in an advisory capacity. Some of the professionals, parents and adult sufferers are undertaking research projects co-ordinated by APDUK.

We are an organisation run by parents and sufferers of APD, providing support and everyday practical help, and our aim is to ensure that all sufferers of APD get the help they need.

For more information, please see:

APDUK website: www.apduk.org
Information handouts page: www.infosheets.apduk.org
Classroom recommendations: www.infosheets.apduk.org/iep_page.htm
Book page: www.books.apduk.org
Membership page at: www.members.apduk.org/membership_guide.htm
Forums: www.apduk.org/forums.htm

THE EXECUTIVE COMMITTEE
Please feel free to contact us for further information:
Chair: Graeme Wadlow
dolfrog@apduk.org
Vice Chair: Alyson Mountjoy
olanys@aol.com
Hon Secretary: Mark Mitchell
markcmitchell@apduk.org
Hon Treasurer: Angela Mitchell
angelamitchell@apduk.org

We have also established further sub-committees of members willing to help us in our work. Please email us if you are able to help in any way, no matter how small; even half an hour a week can make a big difference.

APDUK Mission Statement
We aim to raise awareness and recognition of Auditory Processing Disorder as a disability, through educating both professionals and the public.

We aim to support research into APD, which will enable good diagnosis and treatment to be developed. We also support individual sufferers and parents/carers of individual sufferers, through self-help networks and internet forums.
By Graeme Wadlow

Back in 1998 my eldest son, Iain then 10 years old was diagnosed summarily as being CAPD(Central Auditory Processing Disorder). There was very little support or information about CAPD available in the UK. I eventually found the CAPDListserve, in the USA some months later, where I learned much about CAPD, and realised that I too suffer from this disability. The forum is mainly for parents of young APD sufferers. (Bruton CAPD Conference 2000 decides the condition should be APD).

There was no forum for Adults who suffered from CAPD, so in October 2000 with a few others we founded the OldAPD forum at Yahoo. The OldAPDs membership is an international mixture, there was even a lady from Wales (Alyson Mountjoy) 2001 Iain’s Year Head was very supportive, but pointed out that we would need an official diagnosis of APD, so I emailed as many UK Audiologists that I could find. The result of this was a meeting with Dr David Canning, at which it was suggested there was a need for a parent led organisation to lobby on behalf of APD sufferers in the UK. By co-incidence I had recently come into contact with Mark and Angela Mitchell who also had an interest in APD. Mark has a professional sideline in helping new voluntary organisations find their feet and becoming charities. So in October 2000 the seeds for APDUK were sown.

There followed endless weekly online chats discussing how we should set up our new organisation, deciding a name, seeking advice and support of many from home and abroad. (A Special Thank You to Denise Vignola). An invitation to Hertfordshire’s Parent Partnership’s Special Needs Information Day March 2002 concentrated our minds wonderfully. We set up an APDUK forum on the MSN network and created, what is now, the APDUK web site. APDUK was born. Further long late night chats and a few months later and we were ready to hold our inaugural AGM, 26 May 2002.

APDUK has been actively engaged in lobbying various individuals and organisations, with influence to advance APD research programs, and aid APD recognition and support in the spheres of Education and Employment. As a result we have developed many useful contacts.

The APDUK web site has become the focus of our communication network and attracts many visitors: parents, sufferers, and professionals from both home and abroad. The web site is made of various sections: Information Section, Resources Section, Books Section, Communication Section, Membership Section, and a new section to be added in the very new future will feature the work of others presented in an APD friendly format. The first contribution from Dr. Alan Gertner, gave us permission to re format his web site “APD Facts”. Unfortunately the web site was hacked into late 2003, so we had to move the site to a web hosting service for security reasons. This service also has the benefit of providing many additional useful facilities, which we are beginning to use.

There have been some notable events during the last couple of years.

• First UK APD article by Carol Smart / Jan Poustie in SNIPS the SENCo newsletter
• APD is recognised as a cause of dyslexia.
• Dilys Treharne (Sheffield University) presented “Management of Auditory Processing Disorders”. Throughout 2003.
• Two UK APD conferences for Professionals co hosted by Great Ormond Street Hospital and University College London in April and October 2003
• The Medical Research Council’s Institute of Hearing Research wins £12 million for its five year APD research program.
• And on a personal level I have been one of the first adults to be officially diagnosed as suffering from APD.

APDUK has grown very quickly and potentially will grow at a more rapid rate. APDUK members and others can benefit from what we are trying to achieve. But it is difficult for three people to run a growing voluntary organisation. Mel has joined us and performed wonders to produce this Newsletter. So if you have an interest in APD and could spare a couple of hours a week to help them please contact us at APDUK.

Graeme Wadlow (Dolfrog)<br>Executive Chairman APDUK<br>dolfrog@apduk.org

APDUK is a young and growing organisation and gaining registered charity status is a prime goal. Initially we need to raise a target level of funds as part of the requirements set by the Charity Commission to enable us to qualify for registered charity status.

To help raise these funds we ask members to pay a small fee as a contribution to realise this target. Gaining registered charity status will enable us to raise sufficient funds to set up the facilities needed to provide help and support for individual APD sufferers and their families.

As a member of APDUK you will have full access to the members section of the APDUK web site. You will also receive the APDUK newsletter with up-to-date information on APD related issues. The members section includes: a members chat room, members intranet, and members forum.

The members chat room offers a transcript service, so we can archive all the chats for later reference. Especially useful when we discuss specific aspects of APD with professionals. The chat room is also used to host the APDUK / OldAPD co - sponsored research project looking into “How APD affects adults” in conjunction with Damien Howard.

The members intranet has facilities to upload and download documents, and is really a working office for members to contribute their thoughts and ideas regarding APD. The APDUK executive committee, have already uploaded many useful and interesting documents, some of which aren’t generally available.

So please help us to help you, and join APDUK. You can either join on line (www.members.apduk.org) or complete the form on page eight and send to Mark Mitchell, membership secretary.
A mother’s promise

By Alyson Mountjoy

This story began three years ago when I first noticed a problem with my son. Although I knew he could hear me, it was almost as if he was deaf, but hearing tests after ear infections as a toddler had ruled this out. It was worse when there was background noise; I had to turn the TV down to get his attention or touch his arm. I knew it couldn’t be dyslexia because he read and spelled very well for his age. But he had many of the associated traits such as poor organisational and planning skills, word retrieval, confusing and mispronouncing words, also poor handwriting with some letter reversals and he worked slowly, often not having time to finish work. He was thought to be capable enough but having a “poor attitude” to work.

“I then realised how little the UK knew about APD and what a struggle it would be to get help for my son.”

“Lazy” wasn’t actually said, but that is what they implied. I knew he tried his very best, cried himself to sleep at night and was bullied because of it. As a mother I knew something was very wrong.

At the time I worked as a Special Needs Support Assistant with pupils with severe dyslexia. What really struck a chord was that he had similar problems with auditory sequencing and short term auditory memory, being unable to remember more than one instruction at a time, although his long-term and visual memory was excellent. Nothing made sense.

While looking for information on the internet, I came across a site by Graeme Wadlow a.k.a. Dolfrog. I cried as I read through his links, thinking of all the times I had told my son off for “not listening” when he quite obviously hadn’t understood what I had said. I immediately turned to my son to tell him I was sorry, and that I now knew what was wrong. It wasn’t his fault. When I read the article “I Think in Pictures” by Lesley Sword, about gifted visual spatial learners with Auditory Processing Disorder, it was as if she had written it about my son. This condition that was destroying my son now had a name.

Graeme’s international forum, OldAPDS, which is for parents and adults with APD, helped me to find additional support and many new friends from around the world. I went to my son’s school and explained what I thought the problem was. The forum helped me to understand that he needed help, so I asked for a full educational assessment. Eventually this was done and the results showed he was “very able” but made no mention of APD. They again mentioned attitude and lack of concentration. I then realised how little the UK knew about APD and what a struggle it would be to get help for him.

When Graeme asked if I would help him set up a UK parent-led organisation to try to get diagnosis and remediation for APD I was happy to help. Slowly things began to come together, we were joined by Mark and Angela Mitchell and in May 2002 APDUK came into being.

In December 2003 my son was given a working diagnosis of Auditory Processing Disorder at the Hearing Institute, University of Wales Hospital in Cardiff after I requested referral; the audiologist who referred him had never heard of APD. We are now awaiting tests to confirm the nature and extent of the problem. He has excellent hearing, APD is a problem with processing what he hears. He also has hyperacusis, sound sensitivity, which often causes him pain and adds to his inability to concentrate in noisy settings.

In January 2004, he was tested by the Advisory Teacher for the Visually Impaired. It was discovered that he has visual perceptual difficulties. He was also found to have scotopic sensitivity (sensitivity to light). This sensitivity causes him to read slowly because, when light glares off white paper, the words appear to swirl around on the page. This has been helped by the use of a blue overlay which instantly doubles his reading speed, and writing on the shade of blue paper that suits him. He has perfect eyesight, the problem is again of a processing nature. We are now waiting for tests to obtain glasses to help with this; very few places can do this and it is very expensive This can often accompany APD, as can any other condition.

Three years later and my son still struggles every day. APD is a cruel, isolating and often debilitating condition and we need early detection, accurate diagnosis and remediation. It is an invisible disability, misunderstood and often misdiagnosed. There is no cure, but if spotted early children can be helped to develop their own coping strategies before they are labelled stupid, lazy and slow. The lack of self-esteem and effects of social isolation felt by children with this condition should not be underestimated, as it can lead to feelings of failure and depression, as our research with adults with APD has shown only too clearly. We owe it to our children to prevent this happening.

I am just a parent, no-one special, with no particular talents or qualifications. Three years ago I hardly knew how to use the internet but now I’m Vice Chair of APDUK, and assistant manager of the APDUK forums. I organise and co-host all chats, build websites and edit the newsletter. You don’t have to be superwoman to want what’s best for your child. You just do what’s necessary and you never give up.

I intend to make sure that my son and all the other children and adults in the UK with APD are acknowledged, and that they get the help they deserve, as is their right. I have to. I promised my son, and a mother never deserves, as is their right. I have to. I promised my son, and a mother never

“He has excellent hearing, APD is a problem with processing what he hears.”

By Alyson Mountjoy (Aly)
Executive Vice Chair APDUK
Olanys@aol.com
Please email me if you want to help…

“THE LACK OF SELF-ESTEEM AND EFFECTS OF SOCIAL ISOLATION FELT BY CHILDREN WITH THIS CONDITION SHOULD NOT BE UNDERESTIMATED.”
Pencil case or filing cabinet memory

By Jonathan Curtis

TEACHER 1- Have you got any liquid paper?

TEACHER 2- Yes, it's in the pencil-case on top of the filing cabinet. What is it this time, changing reports?

TEACHER 1- Yes, I want to lower my term effort grade for a certain pupil. He came top of the class in an 'unseen' exam but only managed an average position in the 'seen' exam - the one you can revise for. This proves he's not making enough effort and needs more revision.

TEACHER 2- I think you may be jumping to conclusions there.

TEACHER 1- The unseen exam is a true test of a child's ability, so it's clear that this child needs more effort to bring his seen result up to the same standard.

TEACHER 2- Not necessarily. I've seen cases like this before and it transpired that the child had a specific difficulty. The child was diagnosed with Auditory Processing Disorder. There was little memory work with the unseen paper and the pupil could read the text as many times as necessary for each question and the memory cues are in the text itself. So he was able to neutralise his processing and retrieval problems associated with APD.

TEACHER 1- APD? I can't accept that, this child has excellent spelling and comes from a bright family. Surely it's a case of more revision and the child will just get there in the end?

TEACHER 2- I'm not saying he has APD but for arguments sake let's suppose he has. He may well be bright but the difficulties may stop him realising his potential. His spelling may be good due to good visual memory. Where you and I have a large filing cabinet for Long-Term Memory, these difficulties can have the effect of reducing the child's LTM to something the size of that pencil case you're holding. The slow processing can cause Short-Term Memory problems, we need STM to access our LTM through retrieval cues.

TEACHER 1- Surely it's just a case of working harder?

TEACHER 2- It all depends on the complexity of the information. The more complex it is the less likely the child is to get it into long term memory in the first place; by the time he's processed the information he's forgotten it and cannot get it into LTM. Now, the child could read a complex paragraph or two perhaps fifty times and it's meaning may then go to LTM. The catch is, he's now got to retrieve it using STM cues. At best the retrieval will be disjointed due to poor sequencing, at worst there'll be very little retrieval particularly after any length of time. The pupil would constantly need to hone his retrieval skills specific to this particular task. The question is how many complex paragraphs would he need to remember for, say, an A level exam? He can't spend his time honing his retrieval skills on everything because he'll forget some as it may take him an entire lifetime to process the whole syllabus, so in the end he is restricted to a pencil-case for LTM!

TEACHER 1- So what you're saying is that as far as complexity is concerned, LTM is only proportional to one's processing speed and retrieval ability in STM?

TEACHER 2- Yes, he may be able to recall simple facts and figures and events in his life very well though because that's not complex. It's with complexity that the child's problems start to kick in rapidly.

TEACHER 1- OK, I'll leave the term effort grade as it is then, pending some investigation.

TEACHER 2- That's good 'cause I just remembered I put the liquid paper in the filing cabinet, there's only so much you can fit into a pencil case..............

With the help of APDUK

By Mel Bastier

"MY BRAIN'S not working properly mum," my daughter plaintively cries as she tries to retrieve a word that seems to be floating somewhere beyond her grasp. "Can't I do some painting now and finish this later?" she begs.

The temptation to let her do just that is great particularly knowing the struggle she will go through during the next 20 minutes or so just to learn six words for a spelling test, knowing that over the next few days we'll have to do it all over again and again.

PERSEVERANCE
But persevere we will because thanks to a Specialist Support Teacher for Hearing Impaired who suggested Ellie could have APD (November 2003) and APDUK I can finally understand what Ellie's problems are.

We've had four long, frustrating years of assessments, tests, and reports all giving no clues to what could be Ellie's particular problem other than 'she was a complex girl with mild learning difficulties'. All the while she was falling further behind, unable to retain any new concepts and becoming increasingly bogged down as she struggled to cope.

She had no classroom assistance as she didn't fit into the right box, she isn't dyslexic.

IEP SUGGESTIONS
Now Ellie has finally been granted a classroom assistant for five hours a week. I'm convinced the APDUK handout on suggestions for creating an IEP that I printed off from the website and sent to both the school and the LEA did the trick. She now sits at the front of the classroom, has clear homework timetables and a school diary in which she writes instructions (given verbally to the other pupils) which she previously would have forgotten.

With the help of APDUK, particularly Aly, I'm learning how to help her develop new coping strategies to suit her as she continues her education, hopefully giving her every chance for her to reach her full potential and to try and keep her wonderful self-esteem and sunny outlook on life.
Controlling the chaos

By Damien Howard

I have been working with adults with APD, via the APDUK adult online chats, to carry out some research into the social outcomes of auditory processing difficulties.

Chat groups are a great way to conduct group research into APD. A face to face group would experience all the kinds of listening difficulties that lead people with auditory processing difficulties to avoid groups! However, in an online chat group, people with APD can participate together and ‘hear’ what others have to say without any of the problems of face to face groups. In our on-line “chats”, we have covered a range of topics. These include relationships, learning, stress and coping strategies.

This article outlines one coping strategy that can lead to problems in interactions with other people. The strategy discussed is where people with APD attempt to exercise as much control over their environment as possible.

For people with auditory processing problems, normal life can seem noisy, nasty and chaotic. It can be difficult to know what is going on and how best to respond to others. Being in chaotic situations can create feelings of powerlessness, confusion and frustration. These feelings arise in situations where others without listening problems cope easily. For people with APD, one way of reducing this chaos is to know what is going to happen without having to find out by listening.

One way to know what is going to happen is to exercise as much control over one’s environment, so that it is predictable. Having a level of predictability in the environment reduces the level of confusion and distress. As one person eloquently put it, “structure and control are our fortresses against emotional chaos”.

There is a need for people with listening problems to have routines, as well as their capacity to control their environment by seemingly ‘bossing others’ to achieve predictability. Others may not respond well to this attempt to control their environment, seeing it as an attempt to control them- conflicts and resentment may result.

“Where I run into a lot of conflicts with friends (is) sometimes, I accidentally control their environment as well. Instead of telling me that I’m doing it, they get mad and don’t talk to me about it.”

“Others may not like that (establishing control) and see it as us wanting our own way too much.”

Most often people simply see this as a personality trait - of being a ‘control freak’. As well as others interpreting the need to control their environment in this way, people with auditory processing difficulties may also come to believe this about themselves.

Others may respond to the exercise of control over a shared environment as a criticism of them personally, especially if the person doing the controlling is a colleague or a boss.

“Some see exercising this level of control as an implicit criticism of them - as a standard they have to live up to. They are put off because they think I expect them to live up to my strict personal standards. I have trouble explaining to them that it is not necessary.”

This desire for control can shape the kind of work that people are drawn to or how they do their work. For example, work which has strong routines or work where they can exercise high levels of control are attractive.

“I became a teacher, in that capacity I can control the situation and sensory input.”

Within families, some members can become dependent on someone taking control.

“I tend to organise everyone and they rely on it, then every now and again I get annoyed because I am doing everything!”

For relationships to be stable, partners and friends need to be, or to become, accepting of living with established routine and/or the exercise of control. Sometimes though, other people may be attracted to this very propensity to control things.

“She (a friend) has problems controlling her environment and she likes it when I’m around to control it. She likes chaos most of the time, so we come into some conflict over it, but not much. It’s strange, but we work together well.”

To conclude, attempts by people with APD to control the environment may be resented or appreciated by others. It may irritate and frustrate some who see it as an intrusion into their rights. It can be seen as setting unnecessarily high standards, which may intimidate some people who think there is an expectation for them to do the same.

Others can appreciate the control displayed by people with APD, and even come to depend on it. It can be easy to become a super mum or work hero whom others are dependent on. People with self-organization problems can be drawn to the order that is created. But then dependency on the organized APD behaviours can be problematic. The potential chaos of the every day world of people with APD can be hard enough to manage, without being surrounded by those whose lack of self-organizational skills escalates the chaos. On the other hand, however, it can be satisfying to be appreciated for something that others resent.

There are no uniform experiences for people with APD. So much depends on how people with APD view themselves and how others view them. Often though, the processes which lead people to seek to exercise a high level of control over their environment are not understood. They can be seen negatively by themselves or others as being overly controlling. And those exercising control may see others who exercise less control as lazy or slack.

It is important to understand why many people with APD need a high level of control over their environment. It is most important for people not to compare themselves with others and criticize those who do or don’t do this. Such comparisons are unfair and pointless when people have different underlying needs. It is like saying why don’t fish fly through the sky as easily as birds, or birds swim through the water as easily as fish. The fact is each is adapted for their different environments. While a person with APD and someone without APD may look the same, they experience quite different environments standing together, for example, in the same noisy party.

Making critical comparisons on the level of control exercised and other qualities can eat away at the confidence and feelings of self worth of people with APD. One reason why understanding the controlling behaviour in people with APD is so important is to prevent people from making the critical comparisons that can be so destructive.

Understanding can help family, friends and workmates to accept the need for control that many people with APD have. Even more important is for those with APD to understand and accept this need in themselves. The capacity for critical comparisons to be destructive is greatest where the person with APD is making them about themselves, without understanding what is driving their behaviour.
My interest in APD

By Alan Jones

My interest in APD was stimulated when I attended a training session run by the developers of "The Listening Programme" in the Autumn of 2003. As a teacher, and advocate of NLP based thinking I have long been aware of the importance of sensory processing styles and have found myself, as an educator, frustrated by the lack of consideration for variation on sensory integration in main stream education.

The training session on the Listening Programme materials focussed my attention on APD and in particular the nature of the challenges placed on those who have been told they have ‘normal hearing’ and yet find themselves missing out in our auditory led schools and culture. I got to wondering about whether APD was a bit more widespread than thought and, as many of those with APD have found, missed by the teachers and therapists around them. I was particularly taken by the results shared by those working with The Listening Programme about changes in an individuals ‘sense of humour’; ‘eye contact’ and ‘social skills’ after following a course of structured listening – results that suggested that many of the children in our schools would benefit from auditory training... And that’s where I’m at...

Over the next few months I will be running auditory training sessions based on The Listening Programme in some local schools. I’m asking the teachers to target pupils who appear to have issues regarding communication, attention span and listening specifically. In one school we’re planning to run The Listening Programme with one group and Brain-Gym based sensory integration work with another and compare the results. In another we will be focussing on students who are having difficulties coping with formal lessons and whose listening skills have been identified as being a barrier to their learning.

I have e-mailed Dylis Treharne (I believe she is well known to the group) for advice on base-line testing and will be using SCAN–C and TAPS-R tests as the main test protocols for the work as well as looking at traditional academic performance indicators. The schools have purchased their own copies of The Listening Programme materials and required site licenses and I am working with them to explore and evaluate the process. The timescale is that we will be looking towards running the first cycle of interventions after Easter and I’m hoping to have provisional results for analysis and reporting by August. Obviously I’m more than happy to share any findings with this group and would welcome comments and suggestions from anyone who has used sound-therapy interventions for APD.

Dear Editor

From what I gather we are not alone in having an uphill struggle with identification and provision for our daughters APD. Glad to see some funding is now being made available especially if it is directed not just at research but at the ready provision of services either directly i.e: diagnosis and remediation or indirectly i.e: increasing awareness and implementing strategies in schools and workplaces for a condition that has far-reaching and often unresolved implications.

What has become apparent to us as parents is that a diagnosis of any condition needs to be accompanied by investigations to determine the effects of that condition on both academic and social progress. In some cases further testing may be needed to resolve the specific deficit giving rise to difficulties and to untangle those elements that are either nature or nurture based. The latter of these can be complicated by long-standing, unresolved neurological/physiological deficits and biased opinions of peer groups, teachers and employers, and their negative effect on one’s esteem and functioning.

We had to take a decision to remove our daughter from our local school because of these related issues and the impact on her well-being. We are currently undergoing a statutory assessment so any pointers to a successful outcome would be appreciated!

(Identity anonymous by request.)

Editor: Thank you for your letter. As a parent I appreciate your concerns. APDUK’s aims are to achieve early and accurate diagnosis, practical help and support for children and adults. We also aim to ensure that APD is widely recognised so that everyone will know what it means in real everyday terms to suffer from APD, and any negativity and bias associated with this misunderstood condition can be a thing of the past.

These websites offers practical advice for those involved in the statementing process and a timeline, roughly 26 weeks, giving an idea of what to expect and when...

http://www.ipsea.org.uk/sevenfixes.htm

#RequestingAssessment

http://www.snapcymru.org/faq/faqt.htm

If anyone can offer further help on this subject, please reply on one of the APDUK forums or email me direct and I will gladly pass on your messages.

Best wishes,

Aly (olany@aol.com)

Executive Vice Chair APDUK

Editor: The following poem was written, and kindly loaned to us, by one of our US friends, a member of our OldAPDs forum, who is currently studying at a University in the UK.

"Mis-

by Laura Janvrin

M isinterpretation
M isunderstanding
M issing this
M issing that

You hear things
You perceive things
Like everyone else
So you say...
W hat you do not
U nderstand
I s that you do not
U nderstand

You are not one of everybody
But one of a majority
T here is a minority
For whom hearing is art

M e misunderstanding you
D oes not mean I’ m stupid
I t just means I’ m not you
A nd I see
A nd hear
D ifferently

If you cannot
U nderstand
T hat I am
N ot a problem
T hen you are the one
M isinterpreting
M isunderstanding
M issing everything

PAGE 6
APDUK recommends...

APDUK needs sources of revenue to fund its running costs, and to enable us to be more active in the community in our attempts to create a greater awareness of Auditory Processing Disorder in both education and employment spheres, and the public in general. So we are taking the opportunity to be informative and also raise some money. We have links to both the amazon.co.uk and amazon.com, which reflects our international membership. APDUK is an affiliate of both Amazon web sites, so when you buy goods from either Amazon web site, via the web pages of the APDUK Book Section, APDUK will receive a small referral fee. These referral fees will go to APDUK funds, initially in our quest to gain UK Registered Charity Status, and once that is achieved, the funds can be put to good use by helping various organisations provide help and support for APD sufferers.

Log onto www.books.apduk.org for more books on APD issues and related invisible disabilities.
Membership Application Form
Auditory Processing Disorder in the United Kingdom

I AM/WE ARE APPLYING FOR (please tick)

□ Individual Membership £5.00
□ Family Membership £7.50
□ Concessionary Membership £2.00
□ Professional Membership £10.00

TYPES OF APDUK MEMBERSHIP

Individual Membership
Annual Membership for anyone with an interest in Auditory Processing Disorder. Parents, relatives, friends, of sufferers or even the individual sufferers themselves.

Family Membership
Annual membership for families who have an interest in Auditory Processing Disorder. This is a Single Annual payment for all the named members of a family unit.

Concessionary Membership
Annual Concessionary Membership is for someone interested in Auditory Processing Disorder and is in full time education, unwaged / low waged or over 60.

Professional Membership
Annual Membership for the many professionals groups whose work will involve them with those who suffer from APD and the related disabilities.

Please send the completed form together with a cheque made payable to APDUK to:
Mr. Mark Mitchell,
Membership Secretary APDUK
c/o Dacorum CVS, 48, High Street,
Hemel Hempstead, Herts HP1 3AF

I am interested in APD for one or more of the following reasons (Please tick the relevant box(es) which apply to you)

□ I think I may have APD
□ A young member(s) of my family may have APD
□ An adult member(s) of my family may have APD
□ I have a professional interest regarding APD
□ I am interested in issues relating to APD and the Education System
□ I am interested in issues relating to APD and Employment
□ I am interested in Support for Families coping with APD

Please tick the nature of your interest

□ Audiologist
□ Paediatrician
□ Educational Psychologist
□ Special Educational Needs
□ Other
□ Speech & Language
□ SENCo
□ Parent Partnership
□ Occupational Therapist

Come and Join Us

Dates for your diary...

- Sunday 25 April
Members only chat. From 9.00pm

- Wednesday 28 April
Weekly Drop-in chat. From 9.00pm

- Saturday 1 May
International Chat From 9.00pm

- Wednesday 5 May
Weekly Drop-in chat. From 9.00pm

- Sunday 9 May
Executive Committee Meeting

- Wednesday 12 May
Weekly Drop-in chat. From 9.00pm

- Saturday 15 May
Adult Chat From 9.00pm

- Wednesday 19 May
Weekly Drop-in chat. From 9.00pm

- Wednesday 26 May
Weekly Drop-in chat. From 9.00pm

- Wednesday 2 June
Weekly Drop-in chat. From 9.00pm

- Saturday 5 June
International Chat From 9.00pm

- Wednesday 9 June
Weekly Drop-in chat. From 9.00pm

APDUK Forums
THE NEW APDUK Open Forum is the first level of a new forum system, which will hopefully become our new internet communication centre. The Open Forum is open to all after forum registration. The other forums have restricted access dependent on status. These include a Members Forum, Committees Forum and an Adult APD area.

For more information and to register go to
www.apduk.org/forums.htm