



Autism Research Centre
Aotearoa New Zealand



Autistic Partnership Network Membership Form – Electronic

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):

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.*

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.*

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)?

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:

- | | |
|---|---|
| <input type="checkbox"/> I am a parent of an Autistic child/children | <input type="checkbox"/> I have Autistic family or whānau members |
| <input type="checkbox"/> I support Autistic people (e.g., as a support worker or via autism organisations) | <input type="checkbox"/> I am an education professional who works with Autistic people (e.g., as a teacher) |
| <input type="checkbox"/> I am a healthcare professional who works with Autistic people (e.g., as a therapist) | <input type="checkbox"/> I conduct autism research (e.g., in academia or via autism organisations) |
| <input type="checkbox"/> Other, please describe: | |

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

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am at least 16 years of age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I live in Aotearoa New Zealand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I agree to follow the AP-NZ principles			
Everyone’s input is important	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Include all Autistic perspectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support different forms of communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use Autistic-preferred language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect confidentiality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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.