

**REGISTRATION FORM**

**Name:**

**Address:**

**Postcode:**

**Email:**

**Phone No:**

**Special Dietary or Accessibility Needs:**

**Ethnicity:**

**Date of birth:**

**Type of Cancer / stage:**

**Patient / Carer / Other:**

**(delete as applicable)**

**Treatment**

|  |  |
| --- | --- |
| **Stage of treatment** | **Please tick** |
| **Pre treatment (i.e. Chemotherapy, radiation)** | **❑** |
| **Post treatment** | **❑** |
| **Pre – operation** | **❑** |
| **Post operation** | **❑** |
| **Any further details (this information will assist in helping us to ensure you participate in the right type of activity/therapy.)** | |

**In Remission**

**If yes, how long?**

**Yes ❑ No ❑**

**Next of Kin details**

**Name:**

**Phone:**

**Mobile:**

**I hereby consent / do not consent (delete where applicable) to having my photograph taken and give permission for Can-Survive UK to use my images in their publicity material, i.e. website, annual report, resources.**

**Name: ………………………………………………….. Signature: ………………………………………………..**

**Date: ……………………………………………………**

**Sig**

**Confidentiality Statement**

The information contained in this form is strictly confidential and will not be shared with anyone external to Can-Survive UK, without your prior consent.

**Data protection statement**

We will not share the details recorded on this form on to any other organisation without your prior consent.

Please return the completed form to Marcella Turner by:

**Email:** [Marcella@can-survive.org.uk](mailto:Marcella@can-survive.org.uk)

**Post:** Can-Survive UK, Zion Community Resource Centre,

339 Stretford Road, Hulme, M15 4ZY

If you require assistance completing the form, please call Marcella on **0161 226 5412** or **07496 089310**.