



Registration Form

1. To access the support of Sweet Louise, you need to register with us. You can do this online or by filling out the form below. In registering, we ask for your details and also other information that may help us inform you of specific services that will assist you, and that will help our Support Coordinators understand what your needs might be.

Tell us about yourself (You must complete the information requested with an *)

First name*

Middle name*

Last name*

Date of birth*

Ethnicity

Marital status

Street Address*

Suburb*

City*

Postcode*

Home phone*

Work phone

Mobile phone

Email address

Preferred method of communication email home phone mobile work

Name of Partner/Contact Person

Number of Partner/Contact Person

If your postal address is different from the above, please enter below:

Address

Suburb

City

Postcode

2. Your healthcare practitioner (We will need to confirm your eligibility with your provider; Oncologist, Radiation Oncologist or GP*)

Name of Hospital/Treatment Centre*

Provider type* (General Practitioner, medical oncologist, hospice, practice nurse, etc)

.....

Address (street)

Suburb

City

Phone.....

Email.....

3. How did you hear about Sweet Louise? (i.e., Sweet Louise website, oncologist/health care provider/breast care nurse, family/friend, fellow patient, other, etc.)

.....

4. Do you have dependent children?

Yes or No (This will help us consider the needs of your family and if access to our Family Initiative is appropriate. Your Support Coordinator will ask for further details if Yes)

5. Newsletter: How would you like to receive the member newsletter? Email or Post

If by post, would you like to receive it in a plain envelope or in a Sweet Louise branded envelope?

Plain or Branded

I have read the Sweet Louise Terms & Conditions and agree to them

I agree that photos may be taken of me at events/members meetings and may be used in Sweet Louise communications.

I also authorize Sweet Louise to verify the details set out in this application (including obtaining verification of medical condition from my medical advisers), and that my nominated medical advisers are authorised to disclose this information to Sweet Louise.

Signed

Name (please print)

Please post to Sweet Louise PO Box 137-343, Parnell, Auckland 1151, New Zealand or send via email to members@sweetlouise.co.nz

RESPECTING YOUR PRIVACY: Sweet Louise will keep your name and details on our database so that our Support Coordinators can contact you regarding your care and our services. Information may also be used by Sweet Louise for planning service development and research endeavouring to ensure that the programme continues to fully meet the intended purposes for which it was established. We will not pass on your details to any third parties.