



## Registration Form

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 you to provide your details and any other information that will help us understand your needs and identify specific services that will assist you. You must complete the information requested with an \*)

### Personal Details

First name\* ..... Middle Name\* .....

Last name\* .....

Preferred Name\* .....

Date of birth\* .....

Street Address\* .....

Suburb\* ..... City\* .....

Postcode\* .....

Preferred phone number\* (mobile or home) .....

Second phone number (mobile or home if available) .....

Email address .....

Preferred method of communication..... email  mobile  home phone

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

Address .....

Suburb ..... City .....Postcode.....

### **Ethnicity** (tick all that apply)

Asian  European  Indian  Maori  NZ European  Pacific Island  Other  .....

**Marital Status** (tick all that apply) Civil Union  Married  Single  Widow  Separated

de Facto  Divorced  Engaged  Do not wish to state

**Name of Partner/Family Member/Support Person** .....

Relationship ..... Contact Number(s) ..... / .....

**Name of your oncology treatment provider** eg oncologist, hospital or treatment centre (eg private provider), breast care nurse or general practitioner (We need to confirm your eligibility to join Sweet Louise with your health care provider).....

City.....Number.....

**How did you hear about Sweet Louise?**

Google Search  Oncologist  Breast Care Nurse  Family  Friend  Sweet Louise Member

**Family** Sweet Louise has some services that are available to Members who have dependent children aged 18 years or younger. Do you have dependent children? Yes  or No

Name ..... Date of Birth .....

Name ..... Date of Birth .....

Name ..... Date of Birth .....

Name ..... Date of Birth .....

**Newsletter:** Sweet Louise sends a Member newsletter every two months. How would you like to receive the newsletter? Email  or Post

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

**Declarations**

I have read the Sweet Louise Terms & Conditions\* and agree to them \*<https://sweetlouise.co.nz/get-involved/terms-conditions/>

At Member meetings and other events, Sweet Louise may take photos for use in communications e.g newsletters, our Closed Facebook group.

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

OR  I am unsure about photos and would like to be asked this question again later

I authorise 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 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.