

# Support Group Participant Form

All Support Group participants are required to complete this form. Please use this form to update your details if they change. If part of a couple, please complete a separate form for each person.

Full Name \_\_\_\_\_

Address \_\_\_\_\_

Suburb \_\_\_\_\_ Postcode \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Email \_\_\_\_\_ Date of birth \_\_\_\_\_

As a Support Group participant, if you choose, you will receive the InTouch Support Group Newsletter and Stand By Me magazine, have access to a specialist team of Parkinson's NSW health professionals and the opportunity to assist with research projects. Parkinson's NSW will keep you up to date with the latest in treatment options, research breakthroughs and can connect you with services and supports in your local area.

How would you prefer we communicate with you?

Email     Phone     Mail     I do not wish to receive any information

Are you:

Living with Parkinson's     Family member     Carer

Friend     Medical or health professional

Other please describe

\_\_\_\_\_

Which Support Group/s do you belong to?: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parkinson's NSW Support Groups are bound by the Parkinson's NSW Constitution and the Support Group Guidelines. Your Support Group Leadership Team have a copy which you can read upon request.