

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.