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**Support Group Registration Form**

Once we have received your form one of our Helpline Care Navigators will be in touch. You will also automatically receive invites to the Support Group, our PSPA Matters magazine and regular updates on the work of the charity and events that may be taking place.

**Name of Group:** ­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Meeting:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**First Name**: **Surname**:

**Preferred Name (Nickname)**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address**:

**Postcode**:

**Home Phone**: **Mobile**:

**Preferred Phone** (circle applicable): Home / Mobile

**Email**:

**Sex**: Male   Female  Prefer not to say 

**Pronouns:**

He/Him  She/Her  They/Them  He/They  She/They  Not Listed 

**Ethnicity:**

Asian or Asian British – Bangladeshi 

Asian or Asian British – Indian 

Asian or Asian British – Pakistani 

Asian or Asian British - Any other Asian background 

Black or Black British – African 

Black or Black British – Caribbean 

Black or Black British - Any other Black background 

Chinese 

Mixed - White and Asian 

Mixed - White and black African 

Mixed - White and black Caribbean 

Mixed - Any other mixed background 

White – British 

White – Irish 

White - Any other category 

Any other ethnic groups 

Not Stated 

Prefer not to say

**Are you a:**

Person with PSP  Person with CBD 

Carer  Family Member 

Friend  Health & Social Care Professional 

Former Carer  Volunteer 

**About the person with PSP or CBD**

**Date of Diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Early Symptoms first appeared: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Pre PSP/CBD Diagnosis** (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job title:

*(only applicable to HSCPs)*

**Communication Preferences:**

We would like to continue to keep in touch with you to tell you about the vital work we do for people with PSP or CBD, our fundraising activities, and opportunities to support us, as well as the services we provide.  
  
Please select all the ways you would like to be contacted:

 I would like to receive communications by email

 I would like to receive communications by post

 I would like to be contacted by phone

 I do not wish to be contacted by PSPA

We will never sell your data and we promise to keep your details safe and secure. You can read our privacy statement here <https://www.pspassociation.org.uk/home/privacy-policy/>

You can change your marketing options at any time by contacting us by email: [consent@pspassociation.org.uk](mailto:consent@pspassociation.org.uk); telephoning us on 01327 322 410; or writing to us at PSPA, Margaret Powell House, 415a Midsummer Boulevard, Milton Keynes, MK9 3BN.

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