**Registration Form**

**Name of Group:** ­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Meeting:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name:

Surname:

Title:

Address:

Postcode:

Home Phone: Mobile:

Email:

**Are you a:**

PwPSP  PwCBD 

Carer  Family Member 

Friend  Health & Social Care Professional 

Former Carer  Volunteer 

Job title:

*(only applicable to HSCPs)*

I consent to PSPA contacting me by telephone or email to complete my registration 

**Communications preferences:**

We greatly appreciate your support and would like to keep in contact with you about our news, fundraising activities, volunteering and appeals.

Please select **all** the ways you would like to be contacted below:

* Email
* Post
* Phone

Your personal details will remain confidential and will not be shared with anyone else unless they are acting on our behalf.

**I consent to the Local Group Coordinator holding my contact information i.e. address, telephone number and email:** 

You can withdraw your consent at any time by emailing [info@pspassociation.org.uk](mailto:info@pspassociation.org.uk) or calling us on 01327 322410. You can find our Privacy Notice on our website at <https://www.pspassociation.org.uk/about-us/privacy-notice/> and this will give you details of how we store and use your information.