



Client Registration Form

IN CONFIDENCE

Thank you for your interest in Axminster and Lyme Cancer Support. Please complete this form and return it to mary@axminsterandlymecancersupport.co.uk or by post to the address at the bottom of the form.

Personal details

Name	
Address	
Postcode	Mobile
Email Address	Date of Birth

Emergency contact details

Name	Contact No.
------	-------------

Are you currently undergoing treatment for cancer? If yes, please give brief details.

If you are not currently undergoing treatment, please give details of who you are supporting with cancer, or any other ways you have been affected by cancer.

What treatments / therapies would you be interested in?

Please tick as appropriate

- Massage/Aromatherapy
- Acupuncture
- Reflexology
- Counselling
- Cognitive Behaviour Therapy
- Life Coaching
- Water Therapy
- Mindfulness
- Body Focused Psychotherapy
- Physiotherapy
- Bowen
- Scar Tissue Release

- Reiki
- Hypnotherapy
- Metamorphic Technique
- Indian Head Massage
- Homeopathy
- Sport Therapy
- Manicure/Pedicure
- Facial

Further information on all the therapies and therapists can be found on the website or from admin@axminsterandlymecancersupport.co.uk

Would you be interested in any of the following activities?

- Tripudio Movement Classes
- Nordic Walking
- Gym sessions
- Creative/Craft Workshops
- Yoga
- Fermented Food Workshops
- Improving Sleep
- Introduction to Mindfulness
- Creative Writing Workshops

Would you like any of the following?

- Beach Hut Hire
- Jigsaw (we have a library)
- Related books (from our library)
- Magazine/Puzzle Books
- 1-2-1 Buddying Support (telephone support from a volunteer)

We are in a position to be able to financially support some of the above therapies and activities. Please indicate if you would like to access this:

- Yes, I would like to receive financial assistance.

Please say how you heard about Axminster and Lyme Cancer Support.

Do you have any particular additional needs such as health conditions, disabilities, including medication, that we should be aware of? If yes, please give details.

Would you be interested in attending or helping with fundraising events such as quiz nights, suppers etc

- Yes, please keep me informed about future planned events.

Signature

Date

We would like to be able to send you information about the services we offer and events at Axminster and Lyme Cancer Support. All information provided to us in this application will be in strictest confidence, in accordance with current data protection legislation. A copy of our Privacy Policy is available on our website www.axminsterandlymecancersupport.co.uk. Please tick here to give your permission for us to contact you via email about relevant services

Are you happy for photographs to be taken at events and used in social media and marketing? Yes No (please circle)

We are committed to equality and diversity and work hard to provide a safe environment at our events. You can view our policies on the website or email info@axminsterandlymecancersupport.co.uk to request a copy. Please note your data will not be used for marketing or fundraising purposes.

This form should be returned to: Axminster and Lyme Cancer Support, Heathermoor, Yawl Hill Lane, Yawl, DT7 3RW

For Office Use Only	Who	Date Referred	Date Completed
Therapy Referral			
Other			
Other			
Other			