 **Date Received:**

**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** | | |
| **Home No.** | **Mobile No.** |
| **Email Address** | **Date of Birth** |
| **Preferred method of communication**   * **Text** * **WhatsApp** * **Email** * **Call Mobile** * **Call Home** | |

**Emergency contact details**

|  |  |
| --- | --- |
| **Name** | **Home No.** |
| **Email Address** | **Mobile No.** |

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

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| **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.** |

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

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| **Do you have any additional needs such as health conditions, disabilities, mobility issues, allergies that we should be aware of? If yes, please give details.** |

**What treatments / therapies / Activities would you be interested in? Please tick as appropriate**

**Support is funded free of charge (some with limited numbers) more information can be found via the website on each therapist.**

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| **Talking Therapy**    ** Hypnotherapy**  ** Counselling**  ** CBT**  ** Life Coaching**  ** Mindfulness**  ** Body Focused Physiotherapy**  ** 1-2-1 Buddying Support\* \***Telephone support from an ALCS volunteer  **Face to Face Support**  ** Drop-in Monday’s 2-4pm**  ** Active Treatment Support**  ** Bereavement support Group**  ** Informal Men’s Events**  ** Weekly Acupuncture Clinic** | **Touch Therapy**  ** Reiki**  ** Hypnotherapy**  ** Massage/Aromatherapy**  ** Metamorphic Technique**  ** Indian Head Massage**  ** Homeopathy**  ** Sport Therapy**  ** Manicure/Pedicure**  ** Facial**  ** Reflexology**  ** Acupuncture**  ** Bowen**  ** Scar Tissue Release** | **Activities**  ** Horse Riding**  ** Swimming**  ** Aqua Therapy**  ** Yoga**  ** Personal Training**  ** Nordic Walking**  ** Tripudio**  ** Flower Arranging**  ** Creative Writing**  **Other**  ** Beach Hut Hire**  ** WhatsApp group chat**  ** Jigsaw\***  ** Related books\***  \*Books & jigsaws from our library. |

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| **Signature** |  | **Date** |  |

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| ***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 if you are happy for us to stay in touch with you and send appropriate mailings.***  GDPR tick box |

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| **Are you happy for photographs to be taken at events and used in social media and marketing?** | Yes  No |

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| --- |
| **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