



CONSENT FORM – Please send completed form back to info@corpall.org.uk

Please can you complete the below to allow consent. Your consent is only valid where it is signed and dated. Thank you. If we do not hear from you, we cannot add you to our registers and will not receive any information from Corpal. Please read our privacy policy and disclaimer <http://www.corpal.org.uk/privacy-policy.html> so you are aware of how we use your information which we have been given. Please only fill in where relevant to your consent that you are happy to give. Thank you.

I AGREE FOR THE FOLLOWING INFORMATION TO BE HELD ON THE CORPAL REGISTER. THIS IS SO ANY INFORMATION RELEVANT TO CORPAL AND ITS CONDITION CAN BE SENT TO ME. I CAN ALSO BE CONTACTED FOR FURTHER CONSENT FOR RESEARCH PURPOSES. (no obligation)

NAME

ADDRESS

PHONE NUMBER

EMAIL

I would also like to become a Volunteer (Assist the Trustees when required on Fundraising/ Events/Leaflet dropping/Equipment research/Venue sourcing. (You will not be asked to carry out any task if you are not willing or in agreement at the time of our request to you.)

Yes/No (please circle your preference) If you circle yes, one of the Corpal team will be in contact with you to have a chat and explain more.

(I have read and understood the Privacy Policy)

SIGNED

PRINT NAME

DATE

Please unsubscribe me from the database (Please tick if req.)

FAMILY CONTACT LIST

I WOULD LIKE TO BE INCLUDED ON THE FAMILY CONTACT LIST, SO THAT OTHER MEMBERS WITHIN CORPAL CAN CONTACT ME AND I CAN CONTACT THEM.

NAME

EMAIL

AREA (EG COUNTY)

(Please circle below)

Disorder of the Corpus Callosum

Aicardi Syndrome

Adult/Child DOB -

SIGNED

PRINT NAME

DATE

Please unsubscribe me from the contact list (Please tick if required)

Office use only – Date received :

by-