

**RCN: 20142445**

**CLIENT REGISTRATION FORM**

**Personal Information**

|  |  |
| --- | --- |
| **Name:** |  |
| **Address:** |  |
|  |  |
| **Date of Birth:** |  |
| **Phone Number:** |  |
| **Email:** |  |
| **Next of Kin:****(Name & Contact Number)** |  |
| **Is your illness cancer related** |  |

**Type of Assistance**

|  |  |
| --- | --- |
| **How Can We Help** |  |
|  |  |
| **Name of Hospital’s where you will Attend 1** |  |
|  **2** |  |
| **Please tick (if seeking hospital transport assistance)** | **Monthly Weekly Daily**  |
| **Frequency**  |  |
| **When does, your Treatment Begin** |  |
| **If you have any medical conditions or other issues** **that you feel we should be aware of please supply details.** |  |
|  |  |

**Additional Information**

|  |  |
| --- | --- |
| **How did you learn about Rathdrum Cancer Support Group?** |  |
|  |  |
|  |  |

**I hereby give my permission for the above information which I have given to be kept on file by the Rathdrum Cancer Support Group on the condition that this information is not shared with any third party without my prior consent.**

Signature: ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

**All information is treated in the strictest confidence**

**RCSG, St. Anne’s House, Lower Main Street, Rathdrum, Co. Wicklow**

**0876917675 / 0872928660**