



SUBSCRIPTION FORM



Thank you for applying to join The PSP Association: the only charity in the UK dedicated to supporting people with PSP and CBD. Please complete and sign this application form and return it, with your payment, to us at the address below. We look forward to welcoming you!

Yes, I would like to join The PSP Association: please enrol me as a subscriber

About You (Mailing Address)

Surname.....

First names (in full).....

.....

Title (Mr, Mrs, Ms, Miss, Dr, Rev, other)

Address

.....

.....

.....POSTCODE.....

Telephone

Email

More about you (Please tick as appropriate)

I have PSP

I have CBD

I am caring for someone with PSP or CBD

I am a relative of someone with PSP CBD

I have a friend with PSP CBD

I am health/social care professional

I have a client with PSP CBD

How did you hear about us?

Consultant (Neurologist / Geriatrician / other)

GP Community Nurse Neuro Nurse

Therapist (Physio / Occupational /
Speech & Language / Other)

Internet search Relative Friend

TV/ press / radio Another charity

Other (please give details)

**About the person who has PSP or CBD
(if different from subscriber):**

Surname.....

First names (in full).....

.....

Date of Birth/...../.....

Title (Mr, Mrs, Ms, Miss, Dr, Rev, other)

Relationship to Subscriber.....

Address

.....

.....POSTCODE.....

Telephone

Email

**About the Carer (if different from
subscriber):**

Surname.....

First names (in full).....

.....

Title (Mr, Mrs, Ms, Miss, Dr, Rev, other)

Relationship to person with PSP/CBD

.....

Address

.....

.....POSTCODE.....

Telephone

Email

Please also complete the sections overpage – to help us to support you.

The PSP Association, PSP House, 167 Watling Street West, Towcester, Northants NN12 6BX
Tel: 01327 322 410 Email: psp@pspeur.org Website: www.pspeur.org

Working for a world free of PSP

Registered charity numbers: England and Wales 1037087 / Scotland SCO41199

Your Subscription

Please tick which annual subscription you are applying for:

- Individual (Telephone link to a PSP Nurse Specialist; the Carers Information Pack – a personal guide to PSP, the PSP magazine and local support group information)
- Family (1st addressee / subscriber: as individual, above
2nd addressee: Carers Information Pack, PSP magazine, local support group information)

Second mailing address (if family subscription)

Surname First names

Title (Mr, Mrs, Ms, Miss, Dr, Rev, other)

Address

.....

..... POSTCODE.....

Telephone E-mail

Local Contacts

Please sign here if you would like to know about other subscribers in your area, for mutual support and information, and are content for your contact details to be released to them.

Signature: **X**.....**X**

PAYMENT

How would you like to pay? By Cheque Credit or Debit Card

Please tick the appropriate subscription rate:

Europe £25 individual £45 family
Outside Europe £40 individual £55 family

I enclose a cheque for £..... payable to The PSP Association (additional donations also very welcome)

Or

I authorise you to debit my Visa/MasterCard/Switch(Maestro) for the sum of: £.....

Card No. / / Security No. (3-digits on reverse of card).....

Start Date..... / Expiry Date..... / Issue No (if appropriate).....

Signature: **X**..... Date: / /

May we treat your Subscription and / or Donation as Gift Aid? Yes/No

Gift aid enables us to reclaim tax on the payment or donation you make, at no cost to you! To be eligible, you must be a UK taxpayer and pay Income or Capital Gains Tax equal to *at least* the amount that we can reclaim from the Inland Revenue.

Please send payment with this application form and the payment slip to:

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More About the Person with PSP or CBD

Please complete as many sections as you can. The information you provide will help us to search for clues about the prevalence, diagnosis, cause and potential treatments for PSP and CBD, and to help local health and social care professionals to support you effectively. The sections will be used in different ways (which is why we ask you to put the name of the person with PSP / CBD on each page) but all the information you give will be stored on The PSP Association secure database and will **not** be released outside the Association without your consent. You will now be part of the largest PSP / CBD register in the world, helping to raise more awareness and support for change. *Thank you!*

Name of person with PSP or CBD

Date of Birth/...../.....

What symptoms have been / are being experienced?

.....
.....
.....

Looking back, when did any of these symptoms *first* appear, and what were they?

.....
.....
.....

Blood group

Occupation (or former occupation)

.....

Hospital Information

Name of Neurologist..... When Diagnosed/...../.....

Where Diagnosed

Was PSP the initial diagnosis? Yes/No If 'no', what was?

Do you have any relatives with a neurodegenerative disease? Yes / No

If yes, please give details:

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Ethnic Group

Name of person with PSP or CBD

Ethnic Group

Choose one section from A-F, and then tick the appropriate box to indicate your cultural background. This information will be kept in the strictest confidence and will help us to build a picture of PSP and CBD, to help with research (for example, into improved diagnosis and effective treatments.)

A White

British

Irish

Any other White background please specify

B Mixed Race

White and Black Caribbean

White and Black African

White and Asian

Any other Mixed Race background please specify

C Asian or Asian British

Indian Pakistani Bangladeshi

Any other Asian background, please specify

D Black or Black British

Caribbean African

Any other Black background, please specify

E Chinese

Chinese

F Other ethnic group

Any other background please specify

Gender

Male Female

Nationality.....

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Help us to keep in touch

Please give the names and contact details of any health and social care professionals you have seen or are due to see: this will enable us to contact them and ensure that they have the information they need about PSP/CBD to support you. **By completing this section you are consenting to The PSP Association contacting these professionals on your behalf.**

Name and address of person with PSP or CBD

.....

..... Postcode

<p>General Practitioner</p> <p>Name.....</p> <p>Address.....</p> <p>.....</p> <p>.....POSTCODE.....</p> <p>Tel.....</p> <p>Email</p>

<p>Neurologist / Specialist</p> <p>Name.....</p> <p>Address.....</p> <p>.....</p> <p>.....POSTCODE.....</p> <p>Tel.....</p> <p>Email</p>

<p>District Nurse</p> <p>Name.....</p> <p>Address.....</p> <p>.....</p> <p>.....POSTCODE.....</p> <p>Tel.....</p> <p>Email</p>

<p>Social Worker / Care Manager</p> <p>Name.....</p> <p>Address.....</p> <p>.....</p> <p>.....POSTCODE.....</p> <p>Tel.....</p> <p>Email</p>

<p>Speech and Language Therapist</p> <p>Name.....</p> <p>Address.....</p> <p>.....</p> <p>.....POSTCODE.....</p> <p>Tel.....</p> <p>Email</p>
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<p>Occupational Therapist</p> <p>Name.....</p> <p>Address.....</p> <p>.....</p> <p>.....POSTCODE.....</p> <p>Tel.....</p> <p>Email</p>

<p>Physiotherapist</p> <p>Name.....</p> <p>Address.....</p> <p>.....</p> <p>.....POSTCODE.....</p> <p>Tel.....</p> <p>Email</p>
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<p>Other</p> <p>Name.....</p> <p>Address.....</p> <p>.....</p> <p>.....POSTCODE.....</p> <p>Tel.....</p> <p>Email</p>
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(Feel free to use another sheet for more contacts.)

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