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**Registration Form for Person with MSA**

**Title (e,g. Mr/Mrs/Ms):** ……………………………. **Surname:**…………………………………………………….

**First name:** …………………………………………… **Date of Birth:** ……………………………………………

**Address:** ………………………………………………………………………………………………………………

………........................ **County:** ………………………………….. **Post Code:** …………………………………

**Telephone Numbers** **(Landline & Mobile):** ……………………………………………………………………….

**Email:** …………………………………………………………………………………………………………………..

**NHS Number (if known):** ………………………………………

**MSA Diagnosis:** MSA-P MSA-C MSA **Pre-MSA Diagnosis** **(if applicable):** ……………..

**Diagnosis Date:** ………….………………… **Date early symptoms first appeared:** …………………………

If you provide details for your main Family Carer we will also register them as a member:

**Name of Family Carer:** ……………………………………………………………….………………………………

**What is the Carer’s relationship to you?:** ………………………………………………………………………..

**Address** **(if different ):** ……………………………………………………………................................................

………………………………………………………………… **Email:** ……………………………………….............

***Please check the following box if you have your carers permission to sign them up for the same e-mail contact from the MSA Trust as yourself (e.g. Support Group invitations and MSA News):***

**Please tick here if you live alone**: **Please turn over for further questions**

Please tick the boxes below to let us know how you are happy to be contacted. We will send you a **membership pack by post**, but if you have ticked more than one method we will aim to communicate mainly by e-mail as this is most cost effective for us.

Email Post

Telephone No Contact

You may update your contact preferences at any time.

By MSA Trust contact we mean information that we provide to support you, contact with our MSA Nurse Specialists and Advocacy Officer, MSA News and occasional fundraising materials.

Are you happy to receive specific fundraising communications: Yes  No 

**If you live in the UK or Ireland have you already spoken to, or been in contact with, one of our MSA Nurses?** Yes No **If NO, are you happy for them to make contact with you?** Yes No

**Support Groups: Please tick if you would like to receive invites to any MSA Support Groups that might be running in your area**

**Please provide us with details of your GP and Specialist and we will then write to them with information about MSA:**

Name and Address of your GP: ……………………………………………………………………………….

………………………………………………………………… Post Code: ………………………………………

Name and Address of your Specialist or Consultant: …………………………………………………….

………………………………………………………………… Post Code: ………………………………………

**How did you find out about the Trust?**

Friend/Family Specialist GP Nurse Internet search/website

Other (please state): ………………………………………………………………………………………………

**NCARDRS** - If you live in England, we can share identifiable information with the National Congenital Anomaly and Rare Disease Registration Service (NCARDRS). This will only take place if you give us explicit permission to do this. NCARDRS is part of Public Health England and collects data to get a better understanding of rare diseases and improve services and treatment through research and evaluation. You can find out more information about NCARDRS - [www.gov.uk/guidance/the-national-congenital-anomaly-and-rare-disease-registration-service-ncardrs](http://www.gov.uk/guidance/the-national-congenital-anomaly-and-rare-disease-registration-service-ncardrs). The data collected includes your name, address, date of birth, diagnosis and who your doctor and consultant are.

**If you live in England, do you give permission for the MSA Trust to share your identifiable data with NCARDRS?**

Yes No

General Data Protection Regulation (GDPR):Information you supply will be used to provide and improve our services to you. We promise to respect any personal data you share with us, keep it safe and not do anything with it that you wouldn’t reasonably expect. The only information we pass to an external agency is solely for the purpose of dispatching MSA News by post. To find out how we use your data, view our privacy statement on our website: www.msatrust.org.uk, email support@msatrust.org.uk or contact us on 0333 323 4591.

**Please return the completed form to our address below**