

Peer support Self-referral form



Contact Information

Name	
Street address	
City and postcode	
Phone	
E-Mail Address	

Some information about you

Please mark with an 'x' which applies best to your situation:

I am living with, or beyond a brain tumour

I am, or have been a caregiver for someone with a brain tumour

If patient, when were you diagnosed?	
If caregiver when was the date of diagnosis for the person you care for?	
What is your relationship to the person with the brain tumour diagnosis?	

Please tell us what you hope to gain from having a peer supporter (no more than 150 words)

What is your preferred method for first contact?

Please circle

Telephone Email

If telephone, which is the best time of day to call you?

Is it ok to leave a message?

Please circle

Yes No

Which day of the week is best for you?

Please circle

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Any comments?

Signed

Name (printed)	
Date	

If you have any questions about this form, please ring Jill on 01983 217153 or email jill@brainstrust.org.uk

Please return this form to:

brainstrust - volunteering
4 Yvery Court
Castle Road
Cowes
PO31 7QG

Or email to jill@brainstrust.org.uk