



Registered Charity No 215199

Stourbridge, Dudley & District Voluntary Group

Your Group, working for you

REGISTRATION DETAILS

Section 1: Complete this section if you are an **adult with diabetes**, or you are **caring for someone with diabetes**:

Your Name	
Address	
Telephone	
Email	

Section 2: Complete this section if the **person with diabetes is under 18** (or over 18 and in your care):

Child's name			
Child's DOB		Age	
Current Pre-School, School, or College			
Your relationship to child			

Section 3: Everyone should complete this section

Type of diabetes	TYPE 1 (✓)	TYPE 2 (✓)	Date Diagnosed
Treated by	(eg Diet / Diet and Tablets / Insulin Dependent)		
Other medical conditions	(Optional information)		

By completing and signing this form you are giving your consent for your details to be added to the Contacts Register of Diabetes UK Stourbridge, Dudley & District Voluntary Group. We confirm that we will not pass this information on to any third parties. Thank you for completing the form.

If /when any of the above details change please notify us as soon as possible.

Signed		Date	
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Please return this form to: Stourbridge, Dudley & District Voluntary Group,
c/o 36 Ferndale Park, Pedmore, Stourbridge DY9 0RB