

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 caring, or have cared for someone with a brain tumour

If patient, when were you diagnosed?	
If carer, 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 the peer support relationship

I have read the information about peer support and am happy with what to expect about the relationship

- Yes No

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

Signature	
Name (printed)	
Date	

If you think you would like someone to support you, please complete the application form and post it to brainstrust HQ, 4 Yvery Court, Castle Road, Cowes, Isle of Wight, PO31 7QG or scan and email it to hq@brainstrust.org.uk