**Tell Us How You Want to**

**Hear From Us!**

**How do you want to hear from NPUK?**

Even if you have previously told us how you would like to hear from us and/or you have supported us for many years, new data protection legislation requires you to provide your **explicit** consent in order for us to continue to contact you in the ways that are important to you.

Please use this form to tell us your preferences. You can also change your mind at any time – you will find further details about how to do this below. In the future, we will only contact you about the areas of our work you choose via the communication methods you prefer. Please complete all fields.

1. **I would like to receive information about NPUK services, NPUK events, information and updates regarding the work of the Charity, including the NPUK Newsletter, in the following ways:**

[ ] Post

[ ] Phone

[ ] Email

[ ] SMS, Messenger, WhatsApp

1. **I would like to interact with the NPUK Care and Support Team, including the Clinical Nurse Specialist, Senior Families Advocate, Project Families Officer or Central Office Team. I give my consent for them to contact me in the following ways:**

[ ] Post

[ ] Phone

[ ] Email

[ ] SMS, Messenger, WhatsApp

[ ] Face to Face (clinic days etc)

1. **I would like to receive information and updates regarding research, clinical trials, treatment and care options relevant to Niemann-Pick disease, in the following ways:**

[ ] Post

[ ] Phone

[ ] Email

[ ] SMS, Messenger, WhatsApp

1. **I would like to receive information about NPUK Fundraising events and activities in the following ways:**

[ ] Post

[ ] Phone

[ ] Email

[ ] SMS, Messenger, WhatsApp

1. **I do not wish to hear from NPUK:**

[ ] Please unsubscribe me from all communications

**Your Details:**

|  |  |
| --- | --- |
| **Title:** |  |
| **First Name(s):** |  |
| **Surname:** |  |
| **Address:** |  |
| **Postcode:**  |  |
| **Country:** |  |
| **Telephone****Dialling Code:****Landline:****Mobile:** |  |
| **What is your connection to NPUK?** |  **Patient** **Parent/carer** **Extended family member** **Friend** **Fundraiser** **Health/Social Care Professional** **Scientist/Researcher** **Other** |
| **E-Mail:** |  |
| **Age (if under 16)** |  |
| **Date of Birth (if under 16)** |  |
| **Parent/Guardian Contact details (if under 16)**(Please provide an email address and contact telephone number**)** |  |
| **Do you have any additional comments?** |
| **Your Details Are Safe With Us – Privacy Statement:***We will always store your personal details securely. We will only use them to provide the service(s) that you have requested and communicate with you in the way(s) you have agreed to. Your details may also be used for analysis purposes, to help us provide the best possible service. We will not pass on your details to anyone else and we will only share them if required to do so by law.* |