

# DAFNE User Group Application Form

Contact Details	
Full Name *	
Address *	
Post code *	
Daytime telephone number	
Mobile number	
Email	
How would you prefer to be contacted? *	<input type="checkbox"/> Email (Email address must be provided above) <input type="checkbox"/> Post
About you	
Where did you attend your DAFNE course? *	
Date of your DAFNE course: *	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Year of Birth:
<b>How would you describe your ethnic origin</b> (please tick appropriate box)	
White <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Other	Black or Black British <input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Other
Asian or Asian British <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Other	Mixed <input type="checkbox"/> White and Asian <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> Other
	Chinese or other <input type="checkbox"/> Chinese <input type="checkbox"/> Other  Any other Ethnic group (specify) .....
Signature *	
Date *	

**\* This information is essential**

**Please return the completed form to:**

National DAFNE Administrator  
 Central DAFNE  
 North Tyneside General Hospital  
 Rake Lane  
 North Shields  
 Tyne & Wear  
 NE29 8NH