



Members Questionnaire

General Details:

Title: Mr/Mrs/Miss/Ms/Dr/Other (please specify):

Surname:

Forenames (your preferred name):

Address:

Town/City:

County: Postcode:

Landline: Mobile:

Email Address:

Date of Birth: / /

Do you or a family member have Charcot-Marie-Tooth (CMT) or Hereditary Neuropathy with Pressure Palsies (HNPP)?

Yes No Don't Know*

What type of CMT or HNPP was diagnosed (if known)?

* If you don't have CMT or HNPP, what is your link with us?

Approximately when were you diagnosed? How long did it take to get a diagnosis?

Are you the only person in your family affected by CMT? Yes No Don't know

Approximately how many other members of your family are affected?

Dependents: We provide services and activities for **under 18s** and need to be able to target our mailings correctly. Please rest assured this information will remain confidential.

Dependent 1: Date of birth: / /

Affected: Yes No Unknown

Dependent 2: Date of birth: / /

Affected: Yes No Unknown

Dependent 3: Date of birth: / /

Affected: Yes No Unknown

(If you have more than three dependents, please include their information)

Contact Preferences:

How would you like to be contacted: Email

By Post

If there is a local group in your area, would you like to be put in touch? Yes No

This will involve us sending your contact details to our authorised Group Coordinator for your area (if there is one).

Ethnic Origin (optional):

White

- | | | | |
|---|--------------------------|----------------------------|--------------------------|
| English / Welsh / Scottish / Northern Irish / British | <input type="checkbox"/> | Irish | <input type="checkbox"/> |
| Gypsy or Irish Traveller | <input type="checkbox"/> | Any other White background | <input type="checkbox"/> |

Mixed / Multiple Ethnic Groups

- | | | | |
|--|--------------------------|-------------------------|--------------------------|
| White and Black Caribbean | <input type="checkbox"/> | White and Black African | <input type="checkbox"/> |
| White and Asian | <input type="checkbox"/> | White and Chinese | <input type="checkbox"/> |
| Any other Mixed Multiple Ethnic background | <input type="checkbox"/> | | |

Asian / Asian British

- | | | | |
|----------------------------|--------------------------|-----------|--------------------------|
| Indian | <input type="checkbox"/> | Pakistani | <input type="checkbox"/> |
| Bangladeshi | <input type="checkbox"/> | Chinese | <input type="checkbox"/> |
| Any other Asian background | <input type="checkbox"/> | | |

Black / African / Caribbean / Black British

- | | | | |
|--|--------------------------|-----------|--------------------------|
| African | <input type="checkbox"/> | Caribbean | <input type="checkbox"/> |
| Any other Black / African / Caribbean background | <input type="checkbox"/> | | |

Other Ethnic Group

- | | | | |
|------|--------------------------|------------------------|--------------------------|
| Arab | <input type="checkbox"/> | Any other ethnic group | <input type="checkbox"/> |
|------|--------------------------|------------------------|--------------------------|

Please add any other ethnic group:

2. What is your religion or belief?

- No religion or belief
- Buddhist
- Christian
- Hindu
- Humanist
- Jewish
- Muslim
- Sikh
- Other
- Prefer not to say

Please state:

3. Languages

What languages do you speak?

What languages are you able to read?

What languages are you able to write?

What language do you prefer to communicate in?

How did you hear about Charcot-Marie-Tooth UK?

| | | | | | | | |
|---------------|--------------------------|---------------|--------------------------|-----------------|--------------------------|----------|--------------------------|
| Consultant | <input type="checkbox"/> | GP | <input type="checkbox"/> | Other Med. Prof | <input type="checkbox"/> | Relative | <input type="checkbox"/> |
| Search Engine | <input type="checkbox"/> | Other Charity | <input type="checkbox"/> | Social Media | <input type="checkbox"/> | Media | <input type="checkbox"/> |

Signed:

Date: / /

**Thank you for taking the time to complete this form and please return by email to enquiries@cmt.org.uk or by post to:
CMT UK, 3 Groveley Road, Christchurch, Dorset BH23 3HB**

GDPR Privacy Statement: Charcot-Marie-Tooth UK abides by the General Data Protection Regulation (EU) 2016/679.

All questionnaires will be treated confidentially. CMT collects certain information in order to carry out its work as a charity and a membership organisation. This data is stored on a Customer Relationship Management program within the computer system of CMT UK and is accessed by employees and the directors of CMT UK. This information is used to service memberships e.g. sending emails to members, sending the CMT UK magazine (by email, post or other electronic system), allowing access to member's area of website, inviting members to regional groups and events. It can be used for research purposes, in the event of this happening data will be anonymised first. The data is also used for statistical purposes. Membership data will be retained during the length of membership and will be deleted within twelve months of termination of membership. There may be particular circumstances where retention of data is deemed necessary and then only relevant data will be retained and for as short a time as possible. CMT UK, aka Charcot-Marie-Tooth UK, is a charity registered in England and Wales. CMT UK's charity registration number is 1112370.

CMT UK, 3 Groveley Road, Christchurch, Dorset BH23 3HB - Telephone 01202 474203
Registered Charity No: 1112370