

Heart Kids Canterbury

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Heart Kids Canterbury

Application for Canterbury or Change of Details

Membership of Heart Kids Canterbury is **free** and open to anyone who:

is/was a heart child, **has** a heart child or **had** a heart child.

We support heart kids through life. We are a branch of Heart Kids NZ

A heart child is someone who has a congenital heart condition or acquired one during childhood ie: before they were 18 years.

Please fill out as much information as applies & return to us.

If this form does not quite fit your family's circumstances please just add a note, as we would love to hear from you.

Please complete this form & post to: **Heart Kids Canterbury PO Box 8990 Riccarton, Christchurch 8440**

Do you wish to remain on the **Heart Kids Canterbury** database? Yes No Signed _____

Heart Child Details

Heart Child's Name _____ Date of Birth: ___/___/___ Boy / Girl

Home Address _____ Postcode: _____

Home Phone _____ Mobile _____

Email: _____

Child's Heart Condition: _____

Other information you would like us to know _____

Parent/Caregiver details

Mother's Details

Name: _____

Contact details (if different to above)

Phone: _____

Mobile: _____

Email: _____

Address: _____

Postcode _____

Father's Details

Name: _____

Contact details (if different to above)

Phone: _____

Mobile: _____

Email: _____

Address: _____

Postcode _____

Other caregiver details if to be included

Name: _____

Relationship to Heart Child: _____

Phone: _____ Mobile: _____

Email: _____

Address: _____

(if different) Postcode: _____

Siblings:

Name: _____ Birthdate: ___/___/___

Name: _____ Birthdate: ___/___/___

Name: _____ Birthdate: ___/___/___

Name: _____ Birthdate: ___/___/___

Name: _____ Birthdate: ___/___/___

Name: _____ Birthdate: ___/___/___

Services Information:

• Most of our news is sent to families through regular emails. Additionally we do a quarterly newsletter. Emailing our newsletter saves us time and funds. Would you prefer the newsletter to be **emailed** or **posted**? _____

• Could we use your photo or story when we are doing publicity? **Yes / No** _____

How much contact would you like from us?

Please tick the appropriate box or make a comment below.

Receive news and events through regular newsletters and emails. You will contact us if you need information or are going to hospital.

As above but additionally, we will contact you every 6 months or so to see how you are getting on?

As above but additionally, we will contact you every 3 months or so to see how you are getting on?

No contact – please remove from list (we would love to know why) _____

Other - please state. _____

Any other comment about services? _____