

**PLEASE TAKE A FEW MINUTES TO FILL OUT OUR PANCREATIC CANCER VOICES
EXPERIENCE FORM. CLICK AND THEN TYPE TO FILL IN YOUR DETAILS.**

YOUR PERSONAL INFORMATION

Surname:

Name:

D.O.B:

Sex:

Telephone:

Mobile:

Email:

Address:

Town:

Postcode:

County:

Region:

Local MP:

Local radio station:

Local/Regional newspaper:

Favourite magazine:

Local Celebrity:

If you do not wish to answer a question, or do not have the information to do so please leave it blank.
Please note that this information will not be used in any way without your prior consent.

Information

Registered Charity Number 1112708

A Company Limited By Guarantee

Registered England No: 565804

Contact us

3rd Floor Market Towers, 1Nine Elms Lane, London SW8 5NQ

Telephone: **0203 177 1686**

Email: enquiries@pancreaticcancer.org.uk

PLEASE TAKE A FEW MINUTES TO FILL OUT OUR PANCREATIC CANCER VOICES EXPERIENCE FORM. CLICK ON ALL THE RELEVANT BOXES TO CHECK THEM.

DO YOU WANT TO GET INVOLVED?

Would you be willing to receive more information about Pancreatic Cancer UK? Yes No

Would you be willing to let us use your case history for information and publicity relating to Pancreatic Cancer UK?

- On our website Yes No
- In information pamphlets Yes No
- In press releases Yes No

Please note press releases includes ALL media purposes (print and broadcast).

Would you be willing to let us use your photo alongside your case history? Yes No

Would you be willing to receive information about attending Pancreatic Cancer UK events? Yes No

Would you be willing to receive information about becoming a fundraiser on our behalf? Yes No

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**CLICK IN THE SPACE BELOW AND TELL US
ABOUT YOUR EXPERIENCE OF PANCREATIC CANCER**

TELL US ABOUT IT

In the space below, please tell us about your experience of pancreatic cancer, please include diagnosis and treatment. Do let us know if you have been involved with any clinical trials or if you are a fundraiser, what you are doing to raise funds and why.

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PLEASE UPLOAD YOUR PHOTO AND THANK YOU FOR COMPLETING THIS FORM

YOUR IMAGE

Please use this below button to attach a recent picture of yourself. Double click on the button and then select a picture from your own files.

YOUR SIGNATURE

Thank you for agreeing to be a Pancreatic Cancer Voice to help us raise awareness of pancreatic cancer. By signing this document you agree for the information you have given to be used in the ways you have indicated. Please sign your name below to confirm that all the information above is correct. Typing your full name will act as your signature.

Signature:

Date:

PLEASE EMAIL US YOUR COMPLETED FORM

Please save and email your form back to **voices@pancreaticcancer.org.uk** with the subject Voices Experience Form. Thank you for your cooperation.

Save:

Print:

Email:

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