



PYNKS Registration Form

Name Address

City State Postcode

Email (Email essential). Preferred contact number

Emergency contact details, Name Relationship

Emergency contact number

Current metastatic breast cancer diagnosis Date of MBC diagnosis

Should an emergency situation occur at a PYNKS event, do you consent to a staff member of BCRC-WA calling an ambulance on your behalf? Yes/No

How did you hear about PYNKS?

Please state, who your treating Medical Oncologist and surgeon are:

I would like to be a member of PYNKS. In order to maintain a safe and confidential environment for all participants, I hereby agree:

- 1) To respect the feelings, opinions, time, resources and shared experiences of current and former PYNKS members.
- 2) To respect the confidentiality of all current and former participants. **I will not share the names or details of any group members or any information that is privately shared during a group session to any persons outside of the group (including my own family and friends, and the families and friends of other group members) using any form of verbal or written communication, such as in-person or phone conversations, email, social networking sites or other forms of media.**
- 3) To inform the BCRC-WA of any updates to the contact information on this form.
- 4) To inform the BCRC-WA if at any point I wish to leave the PYNKS or have any concerns relating to the group.
- 5) To respect that I may be asked to leave the group for a breach of any of the above covenants.

I _____ hereby consent to the above, signed _____ Date _____

(PLEASE RETURN THE COMPLETED FORM TO: BCRC-WA INFO@BCRC-WA.COM.AU)