

BRAIN INJURY GROUP (BIG) *BIGCIRCLE* MEMBERSHIP APPLICATION

1. Name: _____

2. Address: _____

3. Telephone number (home): _____

4. Telephone number (work): _____

5. Fax Number: _____

6. E-mail: _____

7. Identity Number: _____

8. Age: _____

9. Gender: _____

10. Marital status: _____

11. Highest Academic Qualification: _____

12. Number of Dependants living with you: _____

13. Living Conditions:

Independent With family With professional care-giver Care facility

Disability:

14. Date of Onset (date brain injury occurred): _____

15. Type of brain injury: accident medical

16. Describe brain impairment (focal or diffuse and specify area of brain that is impaired):

Name additional physical disabilities: _____

Additional Information:

17. Medical Fund: _____

18. Life Insurance Company: _____

19. Employment Status:

Full Time Part Time Self-employed Not employed

COMMUNICATION WITH BIG

20. Are you involved with a support group? Yes No

21. If no, would you like to be referred to a support group? Yes No

22. May BIG contact you for research purposes? Yes No

23. Would you like to be informed of social and/or other activities? Yes No

24. May BIG contact you via (mark all applicable): SMS E-Mail: Fax:

25. May BIG use your photographs and/or brain injury history for marketing purposes? Yes No

APPLICANT:

NAME

SIGNATURE

Date: _____

FOR OFFICE USE:

Club Membership Number: _____

Month of membership activation: _____

Application approved date: _____

Captured on BIG database date: _____

Application processed: _____

The management committee of BIG thank you for joining the BigCircle Club and trust that you will have a long a happy association with BIG.

Please fax this form back to: 0867 222 100