

SUPPORTED



Join The Pelvic Partnership

By joining The Pelvic Partnership you will receive our newsletter with all the latest information about how to effectively treat and manage SPD. It also has dates of support group meetings, lectures and events that you may find useful.

The Pelvic Partnership support group is a registered Charity run by volunteers and we rely on your donations to run the group. This allows us to pay for regular newsletter production and postage, leaflet production, printing and postage costs and to improve awareness of SPD among healthcare professionals. Please help us to continue with these activities by joining or making a donation.

The cost of membership is:

£19 for ordinary membership for one year.

£10 for ordinary membership for six months.

£30 international membership for one year.

If you cannot manage the full rate at present, please send us what you can. You do not have to make a financial donation to become a member or to use our services– simply complete the form with your contact details and return it to us.

Extra donations and fundraising ideas are very welcome - the more income we have the more we can achieve. Please complete the enclosed Gift Aid Declaration to increase the value to us of your donation by 28 %. If you are not a tax-payer, your partner can complete the Gift Aid Declaration if they are a tax payer and they are paying the membership.

Please complete the form and send it with a cheque payable to:

"The Pelvic Partnership" to: 26 Manor Green, Harwell, Oxon, OX11 0DQ.

Name: _____

Address: _____

Postcode: _____ Telephone: _____

Email: _____

Cheque enclosed for: £ _____

Donation of: £ _____

Date: _____

Thank you for joining the Pelvic Partnership

- Website: www.pelvicpartnership.org.uk
- General enquiries: enquiries@pelvicpartnership.org.uk
- Support for SPD: support@pelvicpartnership.org.uk

- Membership: membership@pelvicpartnership.org.uk
- Call The Pelvic Partnership on: 01235 820 921
- If you are enquiring from Ireland: 028 4063 8116

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Please tell us about you

We are trying to find out about people who contact The Pelvic Partnership and use the information to improve our support and gain funding for the group. It is helpful to have some details about you for our records and so that we know a little bit more about our members, we would be grateful if you could complete the questions below. *Personal details will always remain confidential.*

About you

Name: _____

Date: _____ Date of Birth: _____

Is this information for you? Yes/No

• If not, is it for: a friend a relative a patient? *(please tick which one)*

• If it is for a patient, what is your occupation? _____

If you have pelvic pain, please continue, otherwise thank you for joining The Pelvic Partnership.

About you and your pain

How long have you had pelvic pain and when did it develop? _____

Was it related to pregnancy? Yes/No

How many children do you have and what years were they born? _____

Did you have SPD during each pregnancy? Yes/No

Do you still have pain now? Yes/No

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Please tell us about you - continued

How would you rate the severity of your pain?

Where 0 is no pain and 10 is the most severe pain you have experienced

0 1 2 3 4 5 6 7 8 9 10

Have you had any treatment for your pain and from whom?

About us

How did you find out about the Pelvic Partnership? *(please tick which one)*

- friend flier in Dr's surgery/hospital magazine article Pregnancy and Birth book
 internet Midwife GP physiotherapist other (please specify)

Have you found any information from other sources and if so, what were they?

If there is anything about your condition or experience you would like to share with us or others please continue overleaf or on a separate sheet.

Would you be happy for us to print your story (or part of it) in the newsletter? Yes/No

If you require any further information or would like to talk to someone personally about your pelvic pain, please contact us on the numbers above, where we will do our best to answer any queries.

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Gift Aid Declaration

Details of donor

Forename: _____

Surname: _____

Address: _____

Postcode: _____ Telephone: _____

Email: _____

Declaration:

I would like the Pelvic Partnership to treat all donations I have made since 6th April 2003 and all the donations I make from the date of this Declaration until I notify you otherwise as Gift Aid donations.

I have paid an amount of income tax and/or capital gains tax at least equal to the tax that the charity will reclaim on my donation.

I understand that I can cancel this Declaration at any time by notifying the Pelvic Partnership.

If my circumstances change and I no longer pay tax, or if I change my address, I will inform the Pelvic Partnership.

Signed: _____

Date: _____

Thank you, you have just increased your gift by 28% at no extra cost to yourself.