



HeartKids of SA inc. Membership Application

Date of Membership:

Are you joining HeartKids as a:

- Family of a HeartKid/s
(Includes parents, grandparents etc)
- HeartKid (adult)
- Friend of HeartKids
(Professionals, affiliates)
- Medical Professional

Title: Mr Mrs Dr Ms Miss Other:

Surname: Given Name:

Relationship to child:

Address:

Home Phone: Mobile: Email:

Title: Mr Mrs Dr Ms Miss Other:

Surname: Given Name:

Relationship to child:

Address:

Home Phone: Mobile: Email:

Children:

Surname	Given Name	Birthday	Sex	Heart Child
.....	M/F	Yes/No
.....	M/F	Yes/No
.....	M/F	Yes/No
.....	M/F	Yes/No
.....	M/F	Yes/No
.....	M/F	Yes/No

Name of school/s attending (optional):

Please describe your child/children's Heart Condition.....

Many people would like to talk with a family who has been through a similar experience. Would you like to be contacted by or referred to other HeartKids members? You will be contacted by a co-ordinator prior to any calls made.

- Yes
- No
- Not sure
- Comments:

Is there any other information about your child / children, or family in general you would like to add?

All information given is treated with complete confidentiality and care

The following questions are just to gain a better understanding of your needs from HeartKids

Please see over page





HeartKids offers many opportunities for families to be involved in the running of HeartKids. This includes; committee positions, talking with other families, fundraising, or just spreading the word about HeartKids. You may not have considered any involvement like this or it may not be the right time for you, this is really O.K. This is just a guide.

Do you work in an area, or have hobbies/skills that you may like to share with the group?

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Would you like to find out more about the roles of the HeartKids committee?

Yes No

Would you be interested in becoming actively involved in the running of HeartKids?

Yes No

If so, please describe your main area/s of interest:

.....

How did you hear about HeartKids?

- Friends/Acquaintances
- WCH Cardiology Dept
- RCH 7 West
- Doctor
- Other
- Media
- Brochure
- HeartKids family
- Internet

What would you and your family like from your association with HeartKids?

Please do not feel you have to be involved in any of the following, or you may change your mind later which is fine.

- Talk to other families and share experiences
- Information evenings /Guests speakers
- Receive hospital visits
- Just to know there is support available should the need arise
- Be involved in fundraising activities
- Attend social functions such as family days, trivia nights, coffee mornings, Christmas party, camps, etc.
- Other:

Optional Information

The following information is optional; you do not need to fill this information out if you do not wish to.

Cardiologist: Surgeon:

Hospital:

Procedures done:

.....

Hospital visits due:

.....

Child's status now:

Your comments:

.....

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Thank you for taking the time to fill out this form.
Your membership is greatly appreciated.
Please forward membership applications to:
HeartKids of SA inc. PO Box 364 North Adelaide SA 5006

