



Families Moving On

MEMBER REGISTRATION

Forename: _____
Surname: _____
Address: _____

Mr/Mrs/Miss/Dr/Other: _____
Telephone: _____
Mobile: _____
Email: _____

Postcode: _____
Date of Birth: _____

Gender: M/F _____
Marital Status: _____

Can you tell us how you have been affected by the troubles? Please tick any of the following that apply, or feel free to provide further information below:

- | | | |
|--------------------------|---|---------------------|
| <input type="checkbox"/> | Bereaved | The deceased was my |
| <input type="checkbox"/> | Directly injured | |
| <input type="checkbox"/> | Related to someone injured | |
| <input type="checkbox"/> | Related to someone bereaved | |
| <input type="checkbox"/> | Witness to acts/effects of terrorism | |
| <input type="checkbox"/> | Forced to move home due to sectarianism | |
| <input type="checkbox"/> | Forced to change employment due to sectarianism | |
| <input type="checkbox"/> | Other (please tell us briefly of the circumstances) | |

Do you have a disability or health difficulty as a result of the above? YES / NO

If yes, can you tell us how you are affected? _____

Are you a member of another victims group? YES / NO

Are you a volunteer for another group? YES / NO

If yes, what group? _____

Have you availed of complementary therapies and/or respite trips from other groups? YES / NO

If yes, what group? _____

Signed: _____

Date: _____