



AboutFace - Adult Networking Form

All information provided to AboutFace is private and confidential

What language(s) do you speak? _____

Information

Mrs. Ms. Miss Dr. Mr. Rev. (please select appropriate heading)

Name: _____ M____ F____

Date of Birth m____ d____ y____

Condition/Syndrome: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Tel: H. () _____ W.() _____

Cell phone () _____ e-mail: _____

Please list other members of the family below for our records:

Full Name _____ DOB: m ____ d ____ y____ Relationship: _____ M____ F____

Full Name _____ DOB: m ____ d ____ y____ Relationship: _____ M____ F____

Full Name _____ DOB: m ____ d ____ y____ Relationship: _____ M____ F____

_____ Yes, I would like to be included in the AboutFace Networking Program and agree to be listed as a contact on your database until further notice. I understand that I am a part of the AboutFace Family of Support for individuals and that I will receive quarterly newsletters and other related materials for AboutFace to keep me informed on the organization. I consent to you giving the following information to other individuals for the sole purpose of connecting with them through AboutFace:

_____ Home Phone _____ Work Phone _____ e-mail address _____ all contacts

(I understand that AboutFace does not share or trade any information collected on their database and that all information given is private and confidential)

Signature

Date

I WANT TO BE A SUPPORT PERSON FOR OTHERS

Some adults connect with us to be placed onto our database so that they can support other adults who need emotional support, understanding and information. If you **ONLY** want to be on our Networking List to be a support person for other adults and are not interested in getting support from others please give us a brief explanation about why you would like to support others and why you would be a great support person: (AboutFace will contact you regarding this request)

I WANT SUPPORT FROM OTHERS

Tell us about Yourself

If you can provide a brief description of what you have already experienced and what you feel you could benefit from now, it will help us connect you to the best match possible. Any other relevant details, questions or concerns that you wish to share with us are welcome.

Suggestions to Include:

- information and details on past or upcoming surgeries, etc.
- any questions, topics or particular interest or concern about specific treatment, social problems, school, how to explain your facial difference to others
- comments or concerns about siblings, relationships with family, friends or strangers would also be helpful
- any issues or concerns that you need some assistance with

Connecting for a Specific Procedure/Treatment

Adults with a facial difference sometimes ask to be linked with other adults who have had a specific procedure/treatment or will be having a specific procedure in the near future. If you would like to connect with another adult **specifically** regarding a treatment please advise us

below what the treatment is and the approximate date of treatment so that we can connect you accordingly

Treatment/Procedure you are considering:

Approx. date: _____

How Our Networking Works

We already have a great group of adults who are willing to network with other individuals to provide information and support. Once I receive your form and find out some details about what you are interested in, I contact you and the other adult(s) and give each of you the details for the other person so that you can contact each other by phone or e-mail. I also ask that both of you keep in touch with me to make sure your needs are being met.

If you wish to connect immediately to another adult for support please call Donna at 1.800.665.3223 ext. 23 or send an e-mail to donnab@aboutfaceinternational.org.

AboutFace must have a signed copy of this form onsite; therefore, please mail to the address below. If you are in need of immediate support please Fax your form to 416.597.8494 and then mail it to us. Thank You.

MAIL THIS COMPLETED FORM TO:

AboutFace
123 Edward St.
Suite 1003
Toronto, Ontario
M5G1E2

There is no fee to be a member of AboutFace. If you decide you no longer want to network, please let us know, either by phone or e-mail, so that we can change your networking status. If you move, change your telephone number or email; please notify us so that we can update our files.