**Ménière’s Society Press & Media Contact Consent Form**

Thank you for expressing an interest in helping the Ménière’s Society increase awareness  
through the use of press & media. If you are happy to be contacted about potential  
awareness opportunities, please complete this form and return to the Ménière’s Society.   
If you don’t want to answer any particular question, please just leave it blank.  
You can withdraw your consent at any time by contacting a member of staff (see below).



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| About you | |
| Section one | |
| 1. Full name including title: | Type here |
| 2. Are you a member of the Ménière’s Society? | Select |
| 3. If yes, please tell us your membership number: | Type here Or unknown ? |
| 4. Address: | Type here |
| 5. Postcode: | Type here |
| 6. Telephone: | Type here |
| 7. Email: | Type here |
| 8. Select sex: | Select |
| 9. Age range: | Select |
| 10. Do you have a dependable child or children? | Select |
| **ABOUT YOUR CONDITION** | |
| **SECTION TWO** | |
| 11. What vestibular disorder have you been diagnosed with: | Type here |
| 12. To the nearest year, how long have you experienced symptoms: | Type here |
| 13. To the nearest year, how long you have been formally diagnosed: | Type here |
| **YOUR SYMPTOMS** | |
| **SECTION THREE** | |
| **Select the option that best describes how each of the following symptoms effect you;** | |
| 14. Vertigo (feeling of spinning/feeling or being sick etc.): | Select |
| 15. Imbalance: | Select |
| 16. Hearing Loss: | Select |
| 17. Tinnitus: | Select |
| 18. Aural fullness: | Select |
| 19. Stress/anxiety/depression: | Select |
| 20. Headaches or migraine: | Select |
| 21. Fatigue/tiredness: | Select |
| 22. ‘Brain Fog’ (forgetfulness, confusion etc): | Select |
| 23. Other (please provide details): | Type here |
| **FRUSTRATIONS** | |
| **SECTION FOUR** | |
| **Select an option that best describes what can frustrate you :** | |
| 24. Lack of general awareness for vestibular disorders: | Select |
| 25. Lack of understanding and/or support from employer: | Select |
| 26. Lack of understanding and/or support from friends: | Select |
| 27. Lack of understanding and/or support from family members: | Select |
| 28. Lack of understanding and/or support from general practitioner: | Select |
| 29. Lack of understanding and/or support from consultant/specialist: | Select |
| 30. Lack of research for your condition | Select |
| 31. Lack of information/guidance for your condition | Select |
| 32. Lack of medication/treatments for your condition | Select |
| 33. Other (please provide details): | Type here |
| **HOW WOULD YOU LIKE TO HELP RAISE AWARENESS** | |
| **SECTION FIVE** | |
| **Select the following options to tell us what you are happy to do:** | |
| 34. Provide a written quote/statement (e.g. for a press release): | Select |
| 35. Provide a photograph (e.g. to go with a press release): | Select |  |
| 36. Be interviewed on the radio: | Select |
| 37. Be interviewed on local or national television: | Select |
| 38. Be featured in Spin (the Society’s quarterly magazine): | Select |
| 39. Be featured or quoted on social media (Facebook etc.): | Select |
| 40. Take part in, or organise, a fundraising/awareness event: | Select |

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| **HOW WOULD YOU LIKE TO BE CONTACTED** | |
| **SECTION SIX** | |
| **How would you like to be contacted about potential awareness opportunities:** | |
| 41. Telephoned by Ménière’s Society | Select |
| 42. Emailed by Ménière’s Society | Select |
| 43. Telephoned by a selected journalist about a specific news item | Select |
| 44. Emailed by a selected journalist about a specific news item | Select |
| **DO YOU HAVE ANY OTHER INFORMATION YOU THINK MIGHT BE USEFUL?** | |
| For example, are you able to work with your condition? (click text to type) | |

**Thank you!**

Thank you so much for completing this form to help Ménière’s Society raise awareness through press and media opportunities.  
  
**How to submit your form:**

**By email:**

1. Save the completed form to your computer
2. Open a new email, with ‘Media Consent Form’ in the subject line
3. If you have a photograph we could keep on file, please attach it to the email
4. Email the completed form to: louise@menieres.org.uk

**By post:**

Please print and post your completed form to:

Ménière’s Society, The Rookery, Surrey Hills Business Park, Wotton, Surrey, RH5 6QT  
  
**Data Protection:**

We take data protection seriously. By completing this form you are only giving permission to be contacted about potential awareness opportunities. We will not use any of your information without prior consent. You can withdraw your consent to be contacted, or amend your permissions, at any time – simply contact a member of Ménière’s Society staff.  
  
We will never share your information with any third party organisations unless you have provided explicit consent by answering ‘yes’ to question 43 and/or 44. In these instances we will only pass on your selected method of contact, for the purpose of specific awareness opportunities. However, the Society will still aim to give you prior warning, where possible.   
  
Every so often we’d like to send you information we think may interest you. If you do NOT wish to receive communications from the Society (other than for the purpose of this form), please tick this box:

**01306 876 883 | fundraising@menieres.org.uk | menieres.org.uk | RCN 297246**