

Enrolment Form

Please use capital letters

Title: Mr Mrs Miss Ms Forenames _____

Surname _____

Date of birth _____ Male Female

Home address _____

_____ Postcode _____

Tel No _____

Mobile _____

E-mail address _____

Where would you prefer to donate, if you do not wish to donate near your home address?

Town _____ Postcode _____

Please tick here if you would like to be contacted by e-mail
and/or SMS

Signature

Date

I would like to join the NHS Blood Donor Register as someone who may be contacted and would be prepared to donate blood. I understand that the National Blood Service (NBS) or its partners may contact me by letter, phone, SMS (text message) or e-mail with details of local donor sessions.



I agree to the NBS holding my personal details on their donor database and processing this information as necessary for the proper administration of the NBS.

Recruitment Code

NBS use only

Recruitment Date

Notes: