



Meredith Anne Rundell Inc.



Please complete this form and mail to the address below or attach and email

Your details

First Name _____ Last Name _____ DOB _____

Address _____

City _____ State _____ Postcode _____

Phone (M) _____ Phone (H) _____

Email address _____

What is the 'Bucket List' tick you would like fulfilled?

Medical information

What's the Prognosis? (Stage, secondary site, year diagnosed)

Medical specialist

Title _____ First name _____ Last Name _____

Phone (M) _____ (W) _____

Email address _____

Current Place of Employment _____

Address _____

City _____ State _____ Postcode _____



Meredith Anne Rundell Inc.



Details of Other people (Family)

Full Name	Relationship	DOB	Reside with you	
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No

THIS SECTION MUST BE SIGNED IN ORDER FOR THE PROCESS TO TAKE PLACE

I/we acknowledge that no promises or assurances whatsoever have been made to me/us by any representative of the Meredith Anne Rundell Inc. regarding this request.

I/we understand that the granting of this request and the authority to participate therein by any person is contingent upon the approval by the Management Committee of Meredith Anne Rundell Inc., and compliance with all conditions, pre-requisites and restrictions imposed by Meredith Anne Rundell Inc.

I/we also acknowledge that should the request be granted, that no negotiation pertaining to the request with any third parties by myself/ourselves or by representatives on my/our behalf will be undertaken without prior consent and express agreement by the Management Committee of Meredith Anne Rundell Inc. in writing. Should such consent and agreement be provided, then I/we further acknowledge that I/we will keep the Management Committee of Meredith Anne Rundell Inc. informed in writing of the progress and results of such negotiations as soon as practicable.

I/we hereby authorise and request the herein mentioned medical specialist to release to the Management Committee of Meredith Anne Rundell Inc. all information required by the Meredith Anne Rundell Inc in relation to the prognosis. A photocopy of this authorisation shall be as valid as the original.

I declare that I have read and understood the Privacy Statement outlined in this application and I consent to the collection, use and disclosure of personal information in accordance with the Privacy Statement. Where I have provided information about another individual,

Full Name _____

Signature _____ Date _____