

Donor Registration Form

Please complete **ALL** fields in order to be entered onto the organ donor database.

Date					
Title	Mr. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	Ms. <input type="checkbox"/>	Dr. <input type="checkbox"/>	Prof. <input type="checkbox"/>
Full Name					
Email					
Postal Address					
	Postal code:				
Landline Number:				Cell Number:	
ID Type:	RSA ID <input type="checkbox"/>	Passport <input type="checkbox"/>	ID / Passport Number:		
Gender:	Male <input type="checkbox"/>	Female <input type="checkbox"/>			
For research purposes please indicate your ethnic group:					
Black <input type="checkbox"/>	White <input type="checkbox"/>	Coloured <input type="checkbox"/>	Indian <input type="checkbox"/>	Asian <input type="checkbox"/>	Other <input type="checkbox"/>
How did you hear about organ donation?					
Would you like to receive news on events and happenings?					
				Yes <input type="checkbox"/>	No <input type="checkbox"/>

Next of kin information – Please provide the details of 2 next of kin who are over the age of 18

Next of Kin 1	Next of Kin 2
Name:	Name:
Surname:	Surname:
Relationship to donor:	Relationship to donor:
Landline number:	Landline number:
Cell Number:	Cell Number:

TERMS & CONDITIONS

By registering as an organ and tissue donor I understand and agree with the following: I'm registering as an organ and tissue donor by my own conviction. I understand that registering, as an organ / tissue donor, is completely free of charge. I agree that my personal information may be stored on the database of the Organ Donor Foundation and be only used for the advancement of organ and tissue donor awareness in general. I accept that the Organ Donor Foundation will secure and safeguard my personal information within the framework of the South African Protection of Personal Information Act (POPI-2013). I agree to inform my next of kin of my wish to be an organ / tissue donor. If I'm under the age of 18, I confirm that my parents or guardians are aware that I am registering as an organ / tissue donor. I agree that medical professionals may have access to my personal information and the information of my next of kin and that this information will only be used, if relevant, for the purposes of my intention to be an organ / tissue donor.

I have read and understood the above T & C's

PLEASE RETURN THIS FORM: BY FAX: (021) 426 0197 OR **EMAIL:** registrations@odf.org.za OR **POST:** PO BOX 2349 CAPE TOWN 8000.
If you require further information on organ / tissue donation please contact our Toll Free Line – 0800 22 66 11 or visit our website – www.odf.org.za.