



ASCoN CONSUMER NETWORK APPLICATION FORM

APPLICANT DETAILS

1. Name:
2. Address:
3. Country:
4. Phone:
5. Email:
6. Date of Injury:
7. Level of Injury:
8. Mode of Injury:
9. Date of Birth:
10. Marital Status:
11. Education:
12. Occupation:
13. Economic Self Sufficiency Yes/No*
14. Place of Residence Urban/Rural*
15. Mode of Ambulation Walking/Wheelchair/Car/Self Drive*
16. Pressure Sore Yes/No*
17. Bladder Management Mode: CIC/Condom Drainage/Indwelling Catheter/Self Voiding*

YOUR ORGANISATION DETAILS

18. Are you a member of any other organisation or network? Yes/No*
19. If yes, name of Organisation/Network:
20. Address:
21. Contact details:
22. Name of Person in Charge:

23. Why are you interested in becoming a member of the ASCoN Consumer Network?

24. How did you hear about the ASCoN Consumer Network?

25. Please provide any additional information you feel is appropriate:

Signature:

Date:

Please return the form to Shivjeet Raghav, Peer Counsellor, Indian Spinal Injuries Centre, Sector C, Vasunt Kunj, New Delhi 11007 or to shivjeetsraghav@yahoo.co.in

**Delete as appropriate*