



MEDIA VOLUNTEER FORM

Thank you for offering to support the Miscarriage Association as a media volunteer. By talking about your experience, you can help us raise awareness of miscarriage, ectopic pregnancy and molar pregnancy. Sharing your story can also support other women and their partners who might be going through a similar experience.

The information you provide here will be held by the Miscarriage Association and stored on our database. It will be treated as confidential and will not be shared with the media or any other external organisation without your prior permission. If any suitable media opportunities arise, the Miscarriage Association will contact you to confirm if you would be willing to help with that specific enquiry.

Please let us know if you have any questions, would like to update your details, or if at any point you decide you no longer wish to be contacted regarding media enquiries: email juanita@miscarriageassociation.org.uk or call **01924 200795**.

Please fill in this form as fully as possible to help us match your experience more easily to specific media enquiries and either email it to the email address above or post it to **The Miscarriage Association, 17 Wentworth Terrace, Wakefield WF1 3QW**. It would also be helpful if you could email us a recent photograph.

PERSONAL DETAILS

Title:	Name:	Surname:
Town/city:	County:	Date of birth:

HOW MAY WE CONTACT YOU?

In order to respond to media enquiries quickly we will usually contact you by telephone or email, most often during the working day. Please provide us with the contact details you are happy for us to use.

Daytime tel:	Evening tel:
Mobile:	E-mail:
Any other contact information:	

Sharing your experience

Which media queries would you be willing to help with? *(please tick or delete all that apply)*

Regional/local print <input type="checkbox"/>	National print <input type="checkbox"/>	MA publications, website and social media <input type="checkbox"/>
Regional/local TV <input type="checkbox"/>	National TV <input type="checkbox"/>	Willing for photo to be published Y/N
Regional/local radio <input type="checkbox"/>	National radio <input type="checkbox"/>	Willing for name to be published Y/N

Any previous media interview experience: *(what, where and when would be helpful if you remember)*

YOUR EXPERIENCE

Pregnancy history and dates/years: *It would be very helpful if you could say when and at what stage you lost your baby/babies; whether there were additional problems (infertility, IVF, diabetes etc); whether you had problems in pregnancy (e.g. bleeding) with any live birth; dates of birth of any children. **The more information you can give here, the easier it may be to match you to specific media enquiries.***

Have you taken part in any miscarriage research trials? *It would be very helpful to know the trial name (e.g. PROMISE, TABLET, RESPONSE), dates, the outcome and any comments on your experience of being in the trial.*

Are you still trying for a baby?

Any other comments: *About your experience of care, feelings re loss/es etc?*

How did you hear about the Miscarriage Association?

Did you receive any support or information from the Miscarriage Association and if so, what difference did it make?

Your signature (or initials):

Date:

Please watch out for emails from miscarriageassociation.org.uk (best of all, list "miscarriageassociation.org.uk" as an allowed or "white-listed" address in your junk/spam filters).

We will contact you if we want to ask for your help with a media call or awareness campaign.
Please contact us if you have any questions, if you want to let us know of any changes,
or if you want us to remove your details at any time.

Thank You!