

**MICRO & ANOPHTHALMIC CHILDREN'S SOCIETY (MACS)  
OVERSEAS FAMILY QUESTIONNAIRE**



Thank you for your interest in MACS.

As we are a UK-based membership charity, you are not eligible to join MACS as a member. However, we are keen to forge links with families and individuals affected by Microphthalmia, Anophthalmia and Coloboma throughout the world and to share information and support where we can. We also aim to act as a conduit through which we can put individuals in specific countries or regions in touch with each other. In providing us with your details, you may be able to assist or be assisted by others who approach MACS in the future. Please help us by sharing information about you and your family.

**ABOUT YOU**

Name .....

Address .....

..... Post Code .....

Tel ..... Mobile..... E-mail .....

Are you a (please circle):

Parent    Carer    Grandparent    Adult with MACS condition    Other .....

**ABOUT THE PERSON WITH THE MACS CONDITION**

Name ..... Date of Birth ..... Gender.....

Please circle the eye conditions affecting the adult / child

Left Eye                      Microphthalmia / Anophthalmia / Coloboma

Right Eye                      Microphthalmia / Anophthalmia / Coloboma

Are you/is your child registered blind?                      Yes / No

Are you/is your child registered partially sighted?                      Yes / No

Do you / your child have additional disabilities or eye conditions? If yes, please state:

.....  
.....

**ABOUT MACS**

How did you hear about MACS? .....

Please return this form to: MACS, Suite 472 Kemp House, 152 City Road, London EC1V 2NX. Tel: 0800 169 8088 E mail: [jenny@macs.org.uk](mailto:jenny@macs.org.uk)

*All details will be stored in accordance with The Data Protection Act 1998 and will not be passed to any third party without permission. Details can be obtained from [www.ico.gov.uk/what\\_we\\_cover/data\\_protection.aspx](http://www.ico.gov.uk/what_we_cover/data_protection.aspx)*

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**CHANGE OF DETAILS FORM**

It is important that we are able to stay in touch with you via letter, e mail or phone. Please help us to maintain our records, and our contact with you, by sharing any change of details with us.

Name

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Address

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..... Post Code

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Tel home

.....Mobile.....

E-mail

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Please return this form / information to:

MACS, Suite 472 Kemp House, 152 City Road, London EC1V 2NX or via email at [jenny@macs.org.uk](mailto:jenny@macs.org.uk)