



**TOFS**

# Tracheo- Oesophageal Fistula Support

supporting the  
families of children  
born unable to  
swallow

**Address**

TOFS  
St George's Centre  
91 Victoria Road  
Netherfield  
Nottingham  
NG4 2NN

**Telephone**

0115 961 3092

**Fax**

0115 961 3097

**Email**

office@tofs.org.uk

**Website**

www.tofs.org.uk

**Registered charity number**

327735

**Company number**

2202260

**Medical Patrons**

Raymond Buick MB Bch FRCS  
James Dickson FRCS FRCSE FRCPCH  
Bruce Jaffray BMedBiol ChM FRCS  
(Glas) FRCS (Paed)  
Leela Kapila OBE FRCS  
Paul Losty MD FRCS (Paed)  
Gordon A MacKinlay FRCSEd FRCS  
Agostino Pierro MD FRCS(Eng)  
FRCS(Ed) FAAP  
Charles Shaw-Smith MRCP PhD  
Lewis Spitz PhD FRCS

**Non-Medical Patrons**

Richard Briers OBE CBE  
Dennis Foxon BA  
David Griffiths MA (Oxon)

## Parents membership application

Please print clearly and supply international dialling codes if you are overseas

**Child** First name & initials: ..... Surname: .....  
Boy/girl?: ..... Date of birth: .....

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**Mother** Title: .....  
First name & Initial: ..... Surname: .....  
Occupation: .....  
Tel (daytime): ..... Tel (evening): .....  
Email: ..... Mobile: .....

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**Father** Title: .....  
First name & initial: ..... Surname: .....  
Occupation: .....  
Tel (daytime): ..... Tel (evening): .....  
Email: ..... Mobile: .....

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Address for correspondence: .....  
.....  
..... Postcode: .....

Do you have a family website? http:// .....

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*All the above details will be treated in confidence and will not be passed on without your consent.*

Can we pass your name and address on to other TOF families? Yes/no: .....

Can we use you family details in our CHEW newsletter? Yes/no: .....

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**Membership**

*Please sign below to indicate that you would like to become a member of TOFS.*

*TOFs is entirely reliant on charitable donations to continue our activities. Our membership fee is £15 per family (£30 for overseas families) however if you think you may have difficulty with this amount please do not hesitate to contact us.*

Signature: ..... Date: .....

*Please complete this form and return it to:*

TOFS, St George's Centre, 91 Victoria Road, Netherfield, Nottingham NG4 2NN

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**For Office Use Only**

Date received: .....  Chew Informed  Acknowledgement

TOFS membership no: .....