**SUTTON TALKING NEWSPAPER – APPLICATION FORM**

A person does not have to be registered as blind or partially sighted to be entitled to this service. An inability to read newsprint through visual impairment is enough to qualify. However, to comply with Post Office regulations for free postage, if you are not registered as blind or partially sighted please ask a doctor, ophthalmologist, social worker or ophthalmic optician to sign the final part of this form confirming that your close-up vision with spectacles is N12 or less (unable to read newsprint).

|  |  |
| --- | --- |
| TITLE | MR / MRS / MISS / MS / DR / OTHER (delete as appropriate) |
| SURNAME |  |
| FORENAME |  |
| ADDRESS |  |
|  |  |
|  |  |
| POST CODE | TEL.NO. |

(We require the above details in order to provide you with this service. We will not pass this information on to third parties without your prior consent unless lawfully compelled to do so.)

I prefer **MEMORY STICKS / CDs**  (delete as appropriate)

I **WILL / WILL NOT** need a memory stick player on loan (delete as appropriate)

I agree to notify STN of any changes in circumstances affecting the supply of recordings and to return any machine on loan to me if it is no longer needed.

**This section to be completed, if necessary, by one of the following:**

|  |  |
| --- | --- |
| STATUS \* | Ophthalmologist / Optician / GP / Other (state): |
| NAME |  |
| SIGNATURE |  |
| DATE |  |

\* Please select as appropriate

How did you hear about STN?

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