

Application for Tynedale Talking Newspaper

Registered Charity 1034087



Please return form to:
TTN Registrar, Mr E Turnbull
Hydro Bungalow
Allendale Road
Hexham NE46 2NB
Tel. 01434 607264

Please complete section (A), and *either* section (B) *or* section (C)

A) I would like to receive the Tynedale Talking Newspaper.

Salutation: **Mr Mrs Miss** Address: _____
First name: _____
Surname: _____
Telephone: _____
Date: ___ / ___ / **20**___ Postcode: _____

Additional contact please:

The talking newspaper is supplied on a memory stick. Please tick here if you would like to borrow a machine to play it on.

How did you hear about the Tynedale Talking Newspaper? (please tick)

- | | | |
|---|-----------------------------------|---------------------------------|
| <input type="checkbox"/> Care Home | <input type="checkbox"/> Doctor | <input type="checkbox"/> Carer |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> NCBA | <input type="checkbox"/> Friend |
| <input type="checkbox"/> Social Worker | <input type="checkbox"/> BID | <input type="checkbox"/> Flyer |
| <input type="checkbox"/> Hexham Courant | <input type="checkbox"/> Optician | <input type="checkbox"/> Notice |

B) If you are **registered, either severely sight impaired (blind) or sight impaired (partially sighted), please tick this box:**

With which local authority? _____

C) If you are **not registered please ask a doctor, ophthalmologist or ophthalmic optician to complete this declaration:**

I, _____ (name and address, or office stamp)

_____,
doctor / ophthalmologist / ophthalmic optician (*delete as appropriate*), certify that the above named has defective reading vision (generally N12 or worse with spectacles).

Signed _____ Date ___ / ___ / **20**___