

For Office use only

Getting to know you

About you:

Name:

Contact telephone numbers:

Work: _____

Mobile: _____

Home: _____

Email Address:

Date of birth:

Joint Tenant (if applicable)

Name:

Contact telephone numbers:

Work: _____

Mobile: _____

Home: _____

Email Address:

Date of birth:

How would you prefer us to contact you in the future?

	You	Joint Tenant
Letter	<input type="checkbox"/>	<input type="checkbox"/>
Email	<input type="checkbox"/>	<input type="checkbox"/>
Telephone	<input type="checkbox"/>	<input type="checkbox"/>
Home visit	<input type="checkbox"/>	<input type="checkbox"/>
Text	<input type="checkbox"/>	<input type="checkbox"/>

We would normally contact you in English by phone or letter. If you would prefer to be contacted in another language in the future please tell us below.

	You	Joint Tenant
Spoken	<div style="border: 1px solid black; width: 300px; height: 20px;"></div>	<div style="border: 1px solid black; width: 300px; height: 20px;"></div>
Written	<div style="border: 1px solid black; width: 300px; height: 20px;"></div>	<div style="border: 1px solid black; width: 300px; height: 20px;"></div>

Do you or anyone in your household consider themselves to be disabled?

The Disability Discrimination Act (1995) defines a disability as a physical or mental impairment which has a substantial and long term adverse effect on a person's ability to carry out normal day-to-day activities.

	You	Joint Tenant	1	2	3	4	5
Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered 'yes' to the previous question please tell us the nature of the disability of each person.

Please make that the information you give for each person matches the person's number in the previous question(s). For example 'person 3' in the previous question would be the same person as person 3 here.

	You	Joint Tenant	1	2	3	4	5
Wheelchair user	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has problems getting around	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blind/partially sighted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deaf/hearing impaired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cannot speak/difficultly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long-term health issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you, or any person in your household have any religious, cultural or disability related needs that you would like us to be aware of when we visit you at your home, or when you call into the One stop Shop or our offices?

Thank you for your time

