

BlindAid

Audio & Radio Application Form

This form must be submitted by an employee of the Local Authorities Social Services and or Sensory Teams. Please complete this form online or print, complete and return to the address below.

Details of Intended Recipient	
First name:	
Surname:	
Address:	
Borough	Postcode
Home Tel No	Mobile
Date of Birth: (dd/mm/yy)	
Does the individual consent to this referral?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the individual consent to BlindAid & BWFB holding and processing this data for the purpose of providing service?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the individual consent BlindAid contacting them via the following:	<input type="checkbox"/> Phone <input type="checkbox"/> Post
Is the audio/radio recipient a permanent UK resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does recipient live alone?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Registration status	<input type="checkbox"/> Registered blind <input type="checkbox"/> Registered partially sighted <input type="checkbox"/> Not registered
Registration Date (dd/mm/yy)	

BlindAid - Lantern House 102 Bermondsey Street LONDON SE1 3UB
 Tel: 0207 403 6184 Email: referrals@blindaid.org.uk

Audio/Radio Equipment Details

Reasons for this application:

What equipment does this person require?

Does the recipient require earphones?

- Yes
 No

Does the recipient already possess any audio/
radio equipment?

- Yes
 No

Give details of audio/radio equipment currently owned:

Has the recipient previously had a BWFB set?

- Yes
 No

Is the recipient receiving means tested
benefits?

- Yes
 No

Please list means tested benefits received:

Details of person submitting this application:

BlindAid - Lantern House 102 Bermondsey Street LONDON SE1 3UB
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Name of local authority officer completing this form	
Job Title	
Address	
Borough	Postcode
Tel number	
Email address	