

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. 0740 009 6937

**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/Ms** Address: \_\_\_\_\_

First name: \_\_\_\_\_

Surname: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_ Postcode: \_\_\_\_\_

Email \_\_\_\_\_

Additional contact please: Name: \_\_\_\_\_ Tel. \_\_\_\_\_

Our recording is supplied on a memory stick. Please tick **one** box. I Would like to borrow a player.   
I do not wish to borrow a player.

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

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

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

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\_\_\_\_