# NORMANTON TOWN COUNCIL

# TALKING NEWSPAPER APPLICATION FORM

The undersigned hereby make application to Normanton Town Council to receive the Talking Newspaper for the Blind and Visually Impaired.

# Your details

|  |  |
| --- | --- |
| Title | Miss /  Mrs /  Ms /  Mr |
| Name |  |
| Address |  |
| Postcode |  |
| Date of Birth |  |
| Telephone |  |
| Email |  |

# Equipment

|  |  |
| --- | --- |
| Do you have facilities to play an MP3 memory stick such as an MP3 player, laptop or computer? |  |
| Do you wish to have a Talking Newspaper Player Provided? |  |
| When is the best time for a volunteer to deliver the player to you or would you prefer to collect it? |  |

# Agreement

I understand that the Talking Newspaper equipment including players, MP3 memory sticks and delivery pouches remain the property of Normanton Town Council and must be returned as follows:

MP3 Memory Sticks – Weekly

Delivery pouches – Weekly

Players – When your subscription comes to an end

I agree that I have read and understand Normanton Town Councils Privacy Notice. I agree by signing below that the Council may process my personal information for providing information and corresponding with me. I have the right to request modification on the information that you keep on record. I have the right to withdraw my consent and request that I am removed from your database.

# Signatures

Applicant

DATE

# Where to return this application

This form, when completed, should be sent to Normanton Town Council, Town Hall, High Street, Normanton, WF6 2DZ

# FOR OFFICE USE ONLY

Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Machine Delivered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Added to circulation list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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