# 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_