Application to receive TTN & Northumbrian Magazine



Please return form to: TTN Registrar, Cathy Potter 3 Coulson Close Hexham NE46 2PR Tel: 07400 096937

Please complete section f A and either section f B or section f C

Section A

I would like to	receive the	Tynedale	Talkin	g Ne	wspaper	which	includes th	e N	orthumbri	an	
Salutation	Mr / Mrs / Miss / Ms			Address							
First Name											
Last Name											
Telephone											
eMail											
Date	/_	/	_	Pos	stcode						
In case we can't contact you please give an Additional Contact											
Name											
Telephone											
Our recording is supplied on a USB memory stick, please select <u>one</u> option:											
I would like to borrow an audio player from TTN											
I do not need to borrow a player from TTN											
How did you hear about the Tynedale Talking Newspaper? (Please tick one)											
Vision Northumberland		Care Hor	ne		Doctor		Carer		Hospital		
Social Worker		Optician			NCBA		Flyer		Friend		
Social Media		Hexham	Hexham Courant				Internet		BID		
			Se	cti	on B						
re you registered as severely sight impaired (blind)	or sight impaired (partially sighted)?							
Vith which local authority?											
Section C											
If you are not registered please ask a doctor, ophthalmologist or ophthalmic optician to complete this declaration:											

I certify that the above named has	Name & address or office stamp	Doctor	
defective reading vision (N12 or worse	·	Ophthalmologist	
with spectacles)		Ophthalmic Optician	

OUR PRIVACY STATEMENT. We will hold the information given above for as long as you receive our service, and will use it only to send your weekly recordings, to check your returned recordings, and to contact you if we haven't heard from you. We will never share your information with other organisations.