

# Returning your form



Fill in this form, then:

Give it to someone from Opening Doors

or

Send it to us at our Norwich address.



**Norwich Office** Monday to Friday, 9am-5pm

38a Bull Close  
Norwich  
NR3 1SX



01603 631433



admin@openingdoors.org.uk



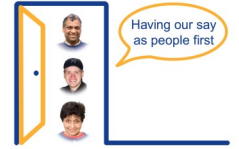
www.openingdoors.org.uk



Charity number: 1060002

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# Membership form



**Opening Doors**

## Information about you



Your name



Your date of birth



Your address



Your phone number



Your email



What is the best way to get in touch with you?

Call  Text  Email



Do you have a learning disability?

Yes  No

# Health Information



Do you have any health issues?

Please tell us about illnesses (like epilepsy, diabetes, anxiety for example)  
Please tell us about any allergies you have.



Do you use any equipment to get around?



Do you have any hearing or sight issues?



Do you take any medication?



Who should we contact in an emergency?

Name  Phone number

Who are they? (for instance staff or parent)

# Please tell us what we can use



It isn't nice to use someone's picture or story without their permission.



This is why we want you to tell us if you are happy for us to use any stories, videos or photographs that Opening Doors has taken, or may take in the future.

We will always ask if we can take a picture or make a video.

Please tick the things we can use.

Photos		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Videos		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Stories		Yes <input type="checkbox"/>	No <input type="checkbox"/>

Please put the date



Please sign here

