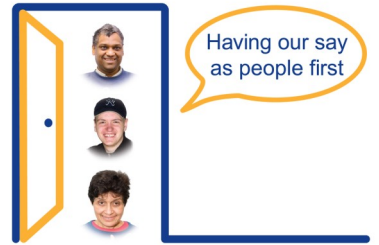


# My Information



Personal details we need to work with you **Opening Doors**



Your name



Your date of birth (the day, month and year you were born)

|    |    |      |
|----|----|------|
| DD | MM | YYYY |
|----|----|------|

For example: 31 12 1970

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Your address



Your phone number(s)



Your email



Do you have a learning disability?



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



Call



Text



Email



Opening Doors can **share my information** with other workers or organisations so they can help me.



Opening Doors can contact other workers or organisations **on my behalf** without me being there.



Please tick the things we can use



Photos



Videos



Stories

Please tick where we can use them



Online



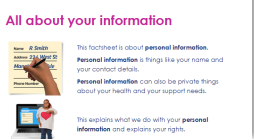
Project reports



I want to be a **member** of Opening Doors.



I want **newsletters** and other Opening Doors information.



I have been through the **All about my information** booklet.



Write your name here



Sign your name here



Write the date here



Please post this form back in the FREEPOST envelope to Opening Doors or give to staff.



01603 631433



admin@openingdoors.org.uk

You do not have to be a member to get help from Opening Doors