

Accessible Information Form

Please fill in your details below and return the form to us. Please let us know if any of these details change in the future.

Please tick the boxes on this form that apply to you.

Male Female

Mr Mrs Miss Ms

First name: _____

Middle name: _____

Surname: _____

Date of birth: _____

Home Address: _____ Tick if you are homeless:

Town: _____

County: _____

Postcode: _____

Home telephone number: _____	<input type="checkbox"/>	Tick box if: No home telephone
Work telephone number: _____	<input type="checkbox"/>	No work telephone
Mobile telephone number: _____	<input type="checkbox"/>	No mobile telephone

Do you need us to contact you in a certain way or need information in a certain format? (Examples include using a British Sign Language interpreter, deafblind interpreter, using a hearing aid, needing documents in large print, easy read or braille etc.)

Yes No

If “yes” please answer the questions below on communication and information needs.

How should we contact you?

Does not need to be contacted using a particular method

- By Letter
- By Telephone
- By Text message
- By Text relay service
- By Email:

By contacting your carer:

Carer's Name: _____

Carer's Address: _____

Town: _____

County: _____

Postcode: _____

Telephone: _____

Relationship to you: _____

By other methods not listed here:

Who do you need to help you when you see us?

Does not need professional communication support

- Carer/support worker who knows me well
- Professional advocate
- British Sign Language (BSL) Interpreter
- Hands-on-signing Interpreter
- Sign Supported English (SSE) Interpreter
- Visual Frame Interpreter
- Lipspeaker
- Notetaker
- Speech-to-text Reporter
- Deafblind Communicator Guide
- Deafblind Intervener
- Deafblind Haptic Communication Interpreter
- Deafblind Block Alphabet Interpreter
- Deafblind Manual Alphabet Interpreter
- Makaton Sign Language Interpreter

Needs other communication support not listed here:

How can we help when we see you?

- Does not need support to communicate and does not use a communication aid
 - Needs a longer appointment to support communication needs
 - Needs an audible alert
 - Needs a visual alert
 - Uses a hearing aid
 - Lipreads
 - Needs time to understand and respond
 - Uses key word signing (for example Makaton)
 - Uses personal communication tool, book or aid (for example Voice Output Communication Aid)
 - Uses non-verbal communication
 - Uses Tadoma
 - Uses Electronic note-taking equipment
- Uses a Communication Passport or learning disability Yellow Health Book (e.g. My Care Passport, Communication Passport)

Other needs not listed here:

How should we give you information?

- Does not need information in a different format than standard written format
 - Verbally
 - By email without any attachments
 - By email with attachments:
 - Word
 - PDF
 - In EasyRead format
 - In Braille:
 - Grade 1
 - Grade 2

- In Moon
- In Makaton
- In electronic audio (MP3) file
 - By email
 - On CD
- In large print (Arial font) size:
 - 22
 - 24
 - 28
- In an audio format on:
 - Cassette tape
 - CD
 - USB stick

Needs other format not listed here:

Are you happy for us to share your communication and information needs with other organisations involved in your treatment or care?

Yes **No**