

# talking books

application to borrow talking books free of charge

PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS

1. Mr/Mrs/Ms/Miss/Master/Other SURNAME FORENAME(S)	2. Date of birth 
3. Home address	4. Postcode 5. Tel. No.
6. email address	7. Fax No.
8. To which address should communications from the library be sent? (please tick one) <input type="checkbox"/> Home address <input type="checkbox"/> email address	

**The following should be completed by your doctor, optician or specialist social worker for visual conditions or teacher / basic skills tutor / British Dyslexia Association certified teacher for dyslexia**

I have examined the person named, and confirm that he/she has a visual or physical condition or dyslexia which makes it impossible for him/her to read normal or large print books

Signature .....

Name (please print) (Dr / Mr / Mrs / Miss / Ms .....

Occupation (please tick one)       doctor                       optician                       social worker

other (please specify) .....

Work telephone number .....

If this condition is temporary, please indicate a date by which the patient should no longer need this service.

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