

REGISTRATION

Name:

Date:

Contact Details:

Address:

Telephone (Home):

Telephone (Work):

Mobile:

Email:

How have you heard about the Plymouth LINK Website?

- Local Press Word of mouth Other (Please specify)
 Local resources (e.g. library, shops)

How would you like the LINK to communicate with you

- Post Phone Email Other (please specify)

How would you like to be involved with the LINK:

- receive information only
 get involved in consultation about services
 get involved in the work of the LINK

Areas of interest (e.g. Mental Health, older people, specific health or social care issues) –

Communication/Accessibility needs (language, wheelchair access, hearing loop, Braille etc) –

Action:

Added to mailing list – postal - email

Sent information