4Sight vision support

Bradbury Centre
36 Victoria Drive
Bognor Regis
West Sussex
PO21 2TE
Tel: 01243 828555
enquiries@4sight.org.uk
www.4sight.org.uk

APPLICATION FORM

4Sight Vision Support membership is free.

Please fully complete and return this form to the above address or to your local 4Sight centre. Should you require any assistance in completing the form please contact us.

Title		**Surname**	
First Name		**Preferred Name**	
Address			
Post Code		**D.O.B**	
Telephone			
Mobile			
Email			
Ethnicity		**Gender**	
Newsletter Format	Large Print	Email	
	CD	USB	
	Braille	Not Required	
Preferred Method of contact	Telephone	Email	Letter

Emergency Contact Details

Name		**Relationship to you**	
Telephone Number(s)			

Donations

Any donation would be gratefully received and if you are a tax payer we may be able to claim Gift Aid on your donation. Please tick the box if you have read the declaration below and would like 4Sight Vision Support to benefit from the tax reclaimed on your donation. ☐

Gift Aid Declaration - I am a UK Income or Capital Gains tax payer and would like 4Sight Vision Support to reclaim the tax on the donation detailed below (25p in every £1) given on the date shown. I understand that if I pay less Income Tax and/or Capital Gains Tax in the current tax year than the amount of Gift Aid claimed on all my donations it is my responsibility to pay any difference.

Data Protection—In accordance with Data Protection Regulations 4Sight Vision Support must ask for your consent to:

I agree to 4Sight Vision Support storing my personal information.

☐ YES ☐ NO

I confirm that I wish to receive information on 4Sight Vision Support Services.

☐ YES ☐ NO

Everything you tell 4Sight Vision Support will be treated confidentially. Your information will be stored securely and your information will never be shared with commercial business's. Sometimes we may need to refer you to other service providers, we will ask your permission to do this.

Signed	**Date**