**Tell us if you have a disability or a learning disability**

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| --- | --- |
| http://cdn.shopify.com/s/files/1/0606/1553/products/People-First-Group-1_1024x1024.png?v=1427296989 | If you are over 18 and have a disability or a learning disability you can fill in this form and send it back to us |
| http://cdn.shopify.com/s/files/1/0606/1553/products/ID_card_blank_1024x1024.png?v=1417850548 | We will send you back a card to keep that tells other people you have a disability. |
| **You can use this card to help you with things like:** | |
| http://cdn.shopify.com/s/files/1/0606/1553/products/Luggage_1024x1024.png?v=1417857437 | * Booking travel and places to stay |
| http://cdn.shopify.com/s/files/1/0606/1553/products/Music_Festival_1024x1024.png?v=1417851562 | * Getting in cheaper to some places like cinemas and concerts |
| http://cdn.shopify.com/s/files/1/0606/1553/products/Choose_Home2_1024x1024.png?v=1417847385 | * Housing points if you’re in social housing |

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| **Please fill this form in or ask someone to help you. You can also fill it in online:** [**www.hertfordshire.gov.uk/adults**](http://www.hertfordshire.gov.uk/adults) | | | |
| http://cdn.shopify.com/s/files/1/0606/1553/products/Form-Name-1-Full_1024x1024.png?v=1431179817 | | **Tell us your first name and surname:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| http://cdn.shopify.com/s/files/1/0606/1553/products/Birth-Date_1024x1024.png?v=1431180235 | | **Tell us your date of birth:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Tell us where you live:** | | | |
| http://cdn.shopify.com/s/files/1/0606/1553/products/Address-Street_1024x1024.png?v=1431180639 | | **House number and road:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| http://cdn.shopify.com/s/files/1/0606/1553/products/Address-Town_1024x1024.png?v=1431180533 | | **Town:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| http://cdn.shopify.com/s/files/1/0606/1553/products/Address-Post-Code_1024x1024.png?v=1431180322 | | **Postcode:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| http://cdn.shopify.com/s/files/1/0606/1553/products/Telephone-Purple_1024x1024.png?v=1417857585 | **Tell us your phone number:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| http://cdn.shopify.com/s/files/1/0606/1553/products/Email_1024x1024.png?v=1417857186 | **Tell us your email address:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| http://cdn.shopify.com/s/files/1/0606/1553/products/GP_Doctor-1_1024x1024.png?v=1417849065 | **Tell us your doctor’s name**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| http://cdn.shopify.com/s/files/1/0606/1553/products/Address-Street_1024x1024.png?v=1431180639 | | **Doctor’s house number and road:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| http://cdn.shopify.com/s/files/1/0606/1553/products/Address-Town_1024x1024.png?v=1431180533 | | **Town:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| http://cdn.shopify.com/s/files/1/0606/1553/products/Address-Post-Code_1024x1024.png?v=1431180322 | | **Postcode:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| http://cdn.shopify.com/s/files/1/0606/1553/products/People-First-Group-1_1024x1024.png?v=1427296989 | **Tell us about your disability:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| http://cdn.shopify.com/s/files/1/0606/1553/products/Explain-2_1024x1024.png?v=1417850241 | **Is there anything else we can help you with?**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **If you are filling this form out on behalf of someone else please tell us your name, address, phone number and relationship to the person registering.** | | | |
| **Name:** | | |  |
| **Address:** | | |  |
| **Phone number:** | | |  |
| **relationship to the person registering:** | | |  |



**Post the form to:** Disabled Registration, Health and Community Services, PO Box 153, Stevenage, SG1 2ST

We will post you back a card.