

Love4Life Application Form



Your details

Your first name

Your middle name (if you have any)

Your last name

Your gender (Male, Female, Other)

Your home phone number

Your mobile phone number

Are you on Facebook?

 Yes No

Your email address

Your home address

Your date of birth

Emergency CONTACT 1 details

Name

Telephone number

Email address

Address

How do you know this person? (sister, brother, parent, carer etc)

Emergency CONTACT 2 details

Name

Telephone number

Email address

Address

How do you know this person? (sister, brother, parent, carer etc)



More about you

What are your disabilities?



Learning Disability Autism Other: please specify

How does your disability affect you?



Do you have any mental health conditions?



Depression Anxiety Other: please specify

Do you have any mobility needs? (ie do you use a wheelchair or have difficulty with stairs?)



Do you require any additional support?



Do you have any communication needs? (ie sign language, Makaton, understanding other people)



Do you require medication? (ie epilepsy, anxiety)



Are you looking for a friendship?



Yes No

Are you looking for a relationship?



Yes No

I am interested in:



Boyfriend Girlfriend Not sure

What do you like and what are you interested in?



Is there anything you don't like or would avoid?



How will you travel to Love4Life events, workshops or dates?



Do you have any criminal convictions or cautions spent or unspent? Yes No If you ticked yes, please explain more



How did you hear about Love4Life?



Please return form to:
The Kings Centre, West Street
Fareham PO1 6 OEF

PRIVACY POLICY

FitzRoy will keep this information while your application is being processed and for as long as you are a member of Love4Life. If your application is not successful, or you decide to stop your membership, this information will be destroyed.