

## Communication Needs

Name:

Date of birth:

Do you have any specific communication needs? (e.g. hearing or visual loss, other disability affecting receiving and understanding information)

- Using British sign language
- Uses sign language
- Does use hearing aid
- Using lip-reading
- Uses deafblind intervener
- Uses communication device
- Uses speech to text reporter
- Uses lipspeaker
- Uses cued speech transliterator
- Uses a legal advocate
- Uses manual note taker
- Other (please write below)

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If YES then please state if you have a preferred method of communication? (e.g. prefer contact by telephone, letter, text. Or prefer information verbally, in small print or require an interpreter)

- Interpreter needed - British Sign Language
- Hands-on signing interpreter needed
- Requires information verbally
- Requires information in Easyread
- Requires contact by telephone
- Requires contact by email
- Requires contact by letter
- Requires contact by SMS text message
- Requires manual note taker
- Sign Supported English interpreter needed
- Requires lipspeaker
- Other (please write below)

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We will take your above preferences into account where possible in future contact