

Who requires support? Myself <input type="checkbox"/> Child/Relative <input type="checkbox"/>	
If you are completing this form on someone else's behalf do they know you are contacting us? Yes <input type="checkbox"/> No <input type="checkbox"/>	
YOUNG PERSON'S NAME:	
DOB:	
ADDRESS:	
Postcode:	
Mobile No: <small>Who does this number belong to?</small>	Landline No: <small>Who does this number belong to?</small>
E-mail address:	
GENDER: Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to say <input type="checkbox"/>	
How would you like us to contact? Phone <input type="checkbox"/> E-mail <input type="checkbox"/>	
NEXT OF KIN (If you are referring on behalf of somebody else this could be you)	
Name:	Relationship:
Address:	
Telephone No:	
If you're applying for yourself, does your parent/guardian know? It doesn't matter if they don't. Yes <input type="checkbox"/> No <input type="checkbox"/>	

Continued on next page



Please tell us why you need help?

Name of GP?

Address:

Do you have a disability? Yes No

Please tell us so we can make sure you get the right support.

Do you require disabled access? Yes No

Do you live on your own? Yes No

Please tick your current situation:		
In education <input type="checkbox"/>	In training <input type="checkbox"/>	In work <input type="checkbox"/>
Unemployed <input type="checkbox"/>	Volunteering <input type="checkbox"/>	

Thank you – please email this form to info@theclldtrust.org or post to
The CLD Trust, 20 East Street, Hereford HR1 2LU

Office use:	Date stamp
Client U/N:	
Contract:	