**Media consent form**

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**Forename:**

**Surname:**

**Postcode:**

**Preferred contact number:**

**E-mail:**

**Date of birth:**

**Day: Month: Year:**

**Gender:**

**Male**

**Female**

**Other**

**Prefer not to say**

**Name of eye condition:**

**Registration/ CVI:**

**Sighted**

**Sight impaired**

**Severe sight impaired**

**Not registered**

**Are you:**

**White cane user**

**Guide dog owner**

**RNIB connect member**

**RNIB staff member/ volunteer**

**Other**

**Services used at RNIB:**

**Helpline**

**Living well with sight loss courses**

**Sight loss advice**

**Counselling**

**Tech for life**

**Talking books**

**Book share**

**Talk & support**

**ECLO service**

**RNIB shop or resource centre**

**RNIB library**

**Other, please provide details below:**

**RNIB contact name:**

**The name of the person who referred you to this form:**

**Are you interested in helping RNIB in the future, IE speaking to the media or taking part in RNIB organised events:**

**Yes**

**No**