**Esme’s Umbrella**

Information form

I hereby consent to Esme's Umbrella retaining the details provided by me. I understand that my information will be kept in accordance with the General Data Protection Regulation (GDPR) guidelines and will only be used for the purpose(s) of:

[ ]  Receiving the newsletter

[ ]  Be contacted for research purposes

Do you have a visual impairment?

[ ] Yes [ ] No

If yes, what visual impairment do you have?

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Do you live with Charles Bonnet Syndrome (CBS)?

[ ] Yes [ ] No

**Turn over page**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of birth: \_\_\_\_\_\_\_\_\_\_ Contact number: \_\_\_\_\_\_\_\_\_\_\_**

**Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Preferred Contact method: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**