



## 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?

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