



Client Registration Form *One client per form please – continue overleaf if you need more space*

Title:	Mr/Mrs/Miss/other	Forenames:
Surname:		
Home address:		
Postcode:		
Home phone number:		
Mobile number (if you use one):		
Email address:		
Date of birth:		
Mobility aids eg stick, walker		
Other relevant information:		
Doctor's Surgery?		
Council Tax Local Authority?		
Bus pass number:		
Bus pass expiry date:		
Blue badge number:		
Blue badge expiry date:		
Emergency contact's name:		We will only contact your emergency contact if we have serious concerns for your health, safety or wellbeing
Contact's phone number:		
Contact's email address:		
Carer's name (if applicable):		
Carer's phone number:		

DECLARATION: I confirm that I have received, read and accept the Client Guidelines of TWADVC dated September 2026 and that I qualify as a client. I confirm I have read and am aware of the Data Protection section in the Client Guidelines and that **I have the mental and physical capacity to be responsible for myself or, if not, I will be accompanied by a carer/friend/relative.**

Signed: _____ Date: _____