











DATING APPLICATION FORM

		YOUR DETAILS			
Name:		Male/Female:			
		YOUR ADDRESS			
House name or number:					
Street:		Town:			
County:		Postcode:			
		YOUR CONTACT DETAILS			
Home tel:		Mobile tel:			
Work tel:		Carer tel:			
Email address:					
		YOUR PERSONAL DETAILS			
Date of birth:		Marital status:			
Height:		Weight:			
Your Ethnic origin (British, black, white)					
Do you smoke?		If yes, how many a day?			
Do you drink?		If yes, how much a week?			

GOING OUT... HAVING FUN... STAYING SAFE



This project is supported by the LDDF Partnership Board West Sussex and the One to One Plus service from Outreach 3 Way, Charity No 278140



DATING APPLICATION FORM CONTINUED...



YOUR DISABILITY



Do you have mobility needs? (Wheelchair, guide dog user)

Do you have communication needs? (Vision, hearing aids)



TELL US ABOUT YOURSELF



What are your hobbies and interests?

What are your particular likes and dislikes?

Likes:

Dislikes:

Please describe yourself (Funny, chatty, shy)



TELL US ABOUT YOUR DATE



What are you looking for from your date? (Friendship, boyfriend, girlfriend, marriage)

Please describe your ideal date (Who, where, when)

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