

**DURHAM COUNTY COUNCIL
ADULT AND HEALTH SERVICES
SENSORY SUPPORT TEAM**



APPLICATION FOR REGISTRATION – DEAF/HEARING IMPAIRED

Name: _____

Address: _____

_____ Post Code: _____

Date of Birth: _____ Main Contact Details: _____

(Telephone, Textphone, Fax, Mobile, E-mail)

Ethnicity: _____

GP & Address: _____

Nationality: _____

Marital Status: _____

Telephone No: _____

Method of Communication/Type of Hearing Aids: (Please tick box relevant to you)

- | | | | |
|-----------------------------------|--------------------------|---------------------------------------|--------------------------|
| I use BSL (British Sign Language) | <input type="checkbox"/> | I use SSE (Sign Supported English) | <input type="checkbox"/> |
| I have a cochlear implant | <input type="checkbox"/> | I wear (a) non digital hearing aid(s) | <input type="checkbox"/> |
| I wear (a) digital hearing aid(s) | <input type="checkbox"/> | I do not/cannot wear hearing aid(s) | <input type="checkbox"/> |
| | | Other (please give details) | <input type="checkbox"/> |

Type/Code of Hearing Aid: _____

(This will be in your hearing aid book)

Left Right Both

Is hearing aid activated for use with loop facilities? Yes No

When did your hearing loss begin: _____ Gradual Sudden

Name of Hospital/Audiology Dept: _____

Any Other Information: (e.g. sight loss/health conditions etc):

Social Care Assessment: Would you like a Social Worker from the Sensory Support Team to contact you to discuss any difficulties you have in connection with your hearing? Please tick.

Yes No

I declare that to the best of my belief all the statements I made on this form are true and I agree that in order to complete my registration, the information that I have provided can be recorded by Durham County Council.

Applicants Signature: _____

Name (Print): _____ Date: _____

**APPLICANT – PLEASE GIVE TO HEARING AID PROVIDER FOR COMPLETION
(IF ATTENDED)**

For Audiology Staff Use Only: (Please circle relevant category)

	<u>Right Ear</u>	<u>Left Ear</u>
Normal Hearing	NH	NH
Mild Hearing Impaired	MHI	MHI
Moderate Hearing Impaired	MDHI	MDHI
Severe Hearing Impaired	SHI	SHI
Post Traumatically Deafened	PTD	PTD
Pre Lingual with Speech	PLS	PLS
Pre Lingual without Speech	PLWS	PLWS

Audiology Staff Name: _____

Signature: _____ Date: _____

Address/Stamp: _____

Please return your completed form to the address below.

Durham County Council, Adult and Health Services, Sensory Support Team, Council Offices, Green Lane, Spennymoor, County Durham. DL16 6JQ.

Information given by you, which may be personal or sensitive, such as health related information or details about your personal circumstances, will be held and used by Durham County Council in accordance with the Data Protection Act 1998. This information may be shared with people from other organisations involved in arranging or providing services to you, or disclosed if it is in the vital interest of your welfare or of another person.