

Are you over the age of 18? Yes No

If no, please include parent / guardian consent and contact details

Parental / Guardian Consent (if under 18)

I give permission for my child to register for BookLink. I agree to offer supervision of the content they access, to ensure it is of a suitable maturity level.

Child name:

Date:

Parent/guardian name:

Parent/guardian signature:

Declaration

This section must be completed by a health professional.

I declare the person stated on this form meets one of the following criteria of print disability as defined by the Copyright Act 1994. (Please tick)

is blind; or

suffers severe impairment of his or her sight; or

is unable to hold or manipulate books; or

is unable to focus or move his or her eyes; or

suffers a handicap with respect to visual perception

Signature:

Name:

Qualification/s:

Date:

Send completed form to

Blind Foundation Auckland Office
Private Bag 99941
Newmarket,
Auckland 1149

Send form via email: library@blindfoundation.org.nz

For any further information call 0800 24 33 33