**ST GEORGES SURGERY**

|  |
| --- |
| Accessible Information and Communication Format Request Form |
| Name |  |
| Address |  |
| Telephone |  |
| Date of Request |  |
| Email Address |  |

**DO WE MAKE OURSELVES CLEAR**

**Request for Information in an alternative format:**

|  |
| --- |
| Please select the format you require below |
| Insert and X into the box of your choice | Large Print | Easy to Read | Via Email | Alternative Language | Braille | Other support |
|  |  |  |  |  |  |

Please complete in full and hand in to reception so we can make sure you have access to information you understand