**Application Form**

The information you provide on this form will help ASUK understand how we can best support you to organise and take part in a fun filled activity or adventure!

Please answer the questions below as fully as you can and return to liz.loughery@alstrom.org.uk or if you prefer to send a copy by post the address is: Alström Syndrome UK, 4 St Kitts Close, Torquay, Devon TQ2 7GD.

If you have any questions or need any help completing the form, please contact **Liz** and she will be happy to help! Email: Liz.loughery@alstrom.org.uk / Mobile: 07517 278 946.

**Please note this is only for adults (18’s and over) with Alström Syndrome (plus a carer or personal assistant if required)**

1. **Full Name:**
2. **Date of Birth:**
3. **Address:**
4. **Telephone Number:**
5. **Email Address:**
6. **Using the space provided below please tell us about the activity that you would like do**
7. **Using the space provided below please tell us why you have chosen this activity or adventure**
8. **Please tell us how much your chosen activity will cost (approximately)**
9. **How shall we contact you? (respond Yes or No)**
* Email
* Letter
* Telephone
1. **How did you hear about this opportunity (tick which answer applies to you)**
* Family Support Worker
* Letter
* ASUK Website
* Other