



Keep Safe Cymru Registration Form



My name is



I was born on



My address is



**My home
phone Number**

**My mobile
phone number**



**My email
address is**



**Important
things about
my health**



How you can help me to understand things around me

Blank lines for text input.



How you can best support me

Blank lines for text input.



If I need help, please call

Blank lines for text input.



If also known by the LD / CMH Team please contact

Blank lines for text input.

I agree for the Police to keep the information on this form about me on their computer systems. The Police will use this information to find out how best to support me if I ever need their help in person or on the telephone.



Please sign here

If applying by email your printed name will count as a signature

Blank line for name input.

Date input field.

Signature on behalf of

Blank line for name input.

Date input field.



For more information please call the Public Service Centre on 01656 761804 or the Wales Learning Disability Helpline on 0808 808 1111



Please post this form to:

Keep Safe Cymru, Police Public Service Centre South Wales Police Headquarters Bridgend. CF31 3SU

