

Enquiry Form Hearing Impairment

	Please	provide	brief	details	of '	your	enqui	iry b	elow:
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Your name	
Parent/carer/professional (role)?	
Contact details	

Please email this form to sensorysupport@northumberland.gov.uk
or post to:
Sensory Support Service
Riverside Centre
Armstrong Way

Ashington

Northumberland

NE63 0YD