

DATING AGENCY APPLICATION FORM



NAME

First

Middle

Last

ADDRESS

Number

Street



Town

County

Postcode

TELEPHONE NUMBERS

Home:

inc STD Code



: Mobile

inc STD Code

Work:

inc STD Code

Other ie next of Kin, Carer

inc STD Code



EMAIL ADDRESS

@



DATE OF BIRTH

Day

Month

Year

MARITAL STATUS

eg single, divorced
seperated, widowed



HEIGHT ?

Feet

Inhes



DO YOU SMOKE ?

If yes, how many per day?

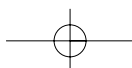
DO YOU DRINK ?

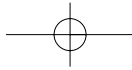
If yes, how much per week?



PLEASE DESCRIBE YOUR ETHNIC ORIGIN

eg British, black, white,
African, Asian, European, American





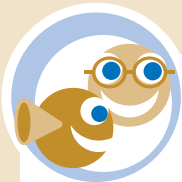
DATING AGENCY APPLICATION FORM CONTINUED...

DO YOU HAVE MOBILITY NEEDS

eg Wheelchair , guide dog user



DO YOU HAVE COMMUNICATION NEEDS



eg Vision, hearing aids

WHAT ARE YOUR HOBBIES AND INTERESTS

eg sport, travel, collecting, music



PLEASE STATE YOUR PARTICULAR LIKES AND DISLIKES

Likes:

Dislikes:



WHAT ARE YOU LOOKING FOR FROM YOUR DATE

eg friendship, dating



PLEASE DESCRIBE YOUR IDEAL DATE

eg who, where, when



PLEASE DESCRIBE YOURSELF

eg funny, chatty, shy

