

Appendix C: Registration Form

Bolton Digital TV Project Registration Form



This form asks for information about your TV and about yourself, so we can make sure you receive the right digital option. Please fill in, sign and return to us in the envelope provided by **Wednesday 26 October 2005**.

If you have any problems completing this form you can speak to the Project Team on **01204 338024** (9 - 5 Monday to Friday, at local call rate).

Name	Date of Birth
Address	Contact Number

Please tell us about the TV set that you use most often :			
What make is it? (this is usually shown on the front)			
How old is the TV ? (approx)	0-5 yrs	5-10 yrs	10+ yrs
Is it a rented TV ?	Yes	No	
If yes, please write in the name of the rental company			

Please tell us what is already connected to this TV set. Please tick whichever box(es) apply:	Video Recorder	
	Sky box	
	Freeview box	
	ntl box	
	DVD player	
	Anything else? Please name:	

Please tell us about the aerial for this TV set. Please tick whichever box(es) apply:	The aerial is on the roof	
	The aerial is in the loft	
	The aerial is an 'indoor' or 'set-top' aerial	
	No aerial needed - Satellite dish or cable	
	Don't know	

	Yes	No
Is there anyone else living with you in your home ?		

		Often	Sometimes	Never
Do you receive visits from:	Family, Friends or Neighbours			
	Carer or Home Help			
	'Meals on Wheels'			
	Nurse or Doctor			
	Other (please give details below)			

		Yes	No
Do you have difficulty with any of the following?	Vision		
	Hearing		
	Mobility - getting <u>around</u> the house		
	Mobility - getting <u>out of</u> the house		

	Yes	No
Do you find it difficult to hear the sound on the TV?		
Do you use subtitles to help you to follow TV programmes?		
Do you find it difficult to see the television picture properly?		
Do you use a remote control for the TV?		
Do you find it easy to use the remote control?		
Do you suffer from a disability that would make it difficult for you to connect your TV equipment?		
If so, please tell us about the disability/ difficulty		

Please use the space below if you have any questions or comments

DECLARATION : I wish to take part in the Bolton Digital TV Trial.

I agree that my details may be checked with the Department for Work and Pensions to confirm that I am entitled to free equipment or a financial contribution towards buying it, and help with using it. I also agree that my details may be shared with other organisations involved in the Bolton Digital TV Project, including Bolton Metropolitan Borough Council and Mastercare Ltd., for use only for the purposes of the Project

I would like to take up the following Digital TV option (please tick one box only):

Please see the accompanying leaflet for more details about these options.

Digital TV through an Aerial - Freeview	
Digital TV through Satellite - 'freesat from Sky'	
Digital TV through Satellite - Sky Subscription	
Digital TV through Cable - ntl	
I don't know yet - please contact me with more information	

Signed **Date** 2005

If you are signing this form for someone else, please write in your name, address and contact number :

Data Protection Act 1998: The information provided on this form will be held by the Department for Culture, Media and Sport (who is the data controller for the purposes of the Act), and used by that Department and, where appropriate, other organisations involved in the Project, for the purposes of the Bolton Digital TV Project only. The information will be destroyed when the Project has been completed. If you have any queries regarding the collection and use of this information, please contact the Data Protection Officer of the Department for Culture, Media and Sport on 020 7211 2022.

Please return this form to:
Bolton Digital TV Project
DCMS - Broadcasting Division
2-4 Cockspur Street
LONDON SW1Y 5DH

Fax: 020 7211 6381

