

**CONTACT DETAILS:**

**NAME**:

**TITLE:**

**ADDRESS:**

**CONTACT NUMBER:**

**EMAIL:**

**D.O.B:**

**ETHNICITY**:

**NATURE OF DISABILITY/LONG TERM HEALTH CONDITION**:

**SUPPORT REQUIRED-PLEASE CIRCLE AS APPROPRIATE**

PIP- APPLICATION/REVIEW/MANDATORY RECONSIDERATION/APPEAL

UC- NEW CLAIM/UC50/MANDATORY RECONSIDERATION/APPEAL

FREEDOM PASS

BLUE BADGE

OTHER-PLEASE DETAIL

**Please complete form fully, incomplete forms will cause a delay in support being provided.**

**Please email completed forms to** **info@dash.org.uk**

**You will be contacted within 5 working days with an appointment.**