

FRIENDSHIP AND DATING APPLICATION FORM

Telephone: 01329 826423
c/o The Kings Centre
West Street
Fareham PO16 0EF



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...

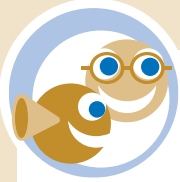
DO YOU HAVE MOBILITY NEEDS

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

