NLAP Expression of Interest Form

Macular Degeneration Foundation™
Our focus is your vision

Name: _____ Date of Birth: _____

Address: _____

_____

Suburb: _____ State: _____ Postcode: _____

Telephone Number: ( ) _____

Name of local library: _____

Are you currently a member of your local library? (Please circle)

YES / NO

Do you currently use the home delivery service at your library? (Please circle)

YES / NO

What type of Macular Degeneration do you have?

- ☐ Wet MD
- ☐ Dry MD
- ☐ Early Signs

How would you describe your ability to read books and newspapers? (Please choose the description that best applies to you)

- ☐ I am legally blind and I am no longer able to read
- ☐ I am only able to read with the help of a Closed Circuit Television (CCTV)
- ☐ I am only able to read with a handheld magnifier
- ☐ I am only able to read large print material
- ☐ I can read if I have the right type of lighting to help me
- ☐ I can currently read but am having difficulty in coping
- ☐ I have no trouble reading

Please turn over

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Do you use technology such as:
(Please tick the box)

- ☐ Computer with Broadband Internet
- ☐ Computer with Dial-up Internet
- ☐ Closed Circuit Television (CCTV)
- ☐ MP3 Player
- ☐ Talking books, CDs or Cassettes

Please Note: You must have Macular Degeneration, be a member of your local library and be a member of the Macular Degeneration Foundation to be eligible to participate for the Navigator Library Access Project

What kinds of reading materials are you interested in having in audio form? (Please tick the boxes)

- ☐ Newspapers
- ☐ Romance Novels
- ☐ Science Fiction
- ☐ Biographies /Autobiographies
- ☐ Family and Relationships
- ☐ Mysteries
- ☐ Thrillers
- ☐ Comedy
- ☐ History
- ☐ Lifestyle
- ☐ Crime/ Detective Stories
- ☐ Other: _____

I, _____, am making an expression of interest to participate in the Navigator Library Access Project. I acknowledge that this is solely an expression of interest and that participation in the project is not guaranteed.

Name: _____ Signature: _____

Date: _____