

Pegasus Help Me Help You Application Form

****These fields are mandatory fields and MUST be completed**

Please return completed form to:
Pegasus Contact Mgt Administration
Surrey Police
PO Box 101
Guildford
Surrey
GU1 9PE
Or email: contactmgtadministration@surrey.pnn.police.uk

Surname **

.....

First Name **

.....

Address Line1**

.....

Address Line 2 **

.....

Post code**

.....

Age**

.....

DOB**

.....

Tel No

.....

Mobile No

.....

Email address

.....

Disability / Impairment**

.....

Briefly, how does your disability affect your day to day life? How can we best support you i.e. Do you have any specific triggers or behaviours we should be aware of?

.....
.....
.....

Your preferred method of contact (Telephone/Mobile/Text/e-mail):

.....

I communicate by:

.....

Trusted person or contact 1**

Trusted person or contact 2

Name

Name

Address

Address

Telephone

Telephone

Mobile

Mobile

Relationship

Relationship

Would you prefer to have your Pegasus PIN posted directly to you or your trusted person? ** (Please note for any persons under 18 the PIN will automatically be sent to both the applicant and trusted person)

Direct to me Trusted person Both

Do you require the documentation to be sent to you in easy read format? **

Yes No

Completing person details if completing on behalf of applicant: **

Name: Contact Number:

Relationship to applicant: Email address:

Please sign below giving us consent to keep the details you have provided on our secure Pegasus Help me Help you database. By signing below you are confirming you have read and understood the terms and conditions on the information leaflet and you are also giving us consent to share the information provided with other emergency services, local authorities and agencies where appropriate: **

Signature Print Name Date

If under 18 parent or guardian signature is required:

Signature Print Name Date

