



# Scottish Disability Directory Questionnaire

## 1. Contact Details

Company Name: Address:
Postcode:
Local Authority Area located under:

Tel:	Fax:
Helpline:	Textphone:
Email:	
Website:	

## 2. Contact Person (optional)

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## 3. Opening Hours

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Please continue over page

**4. Description of services and client group**

**5. Additional Information (i.e. are your premises accessible? etc)**

**6. Do you wish to be included in our directory?**

**7. Do you wish to sign up for our monthly e-newsletter?**