

Number: \_\_\_\_\_  
Name: \_\_\_\_\_  
I may need the support of an accompanying adult . Please contact:

**I have a Learning Disability**

To help me please:

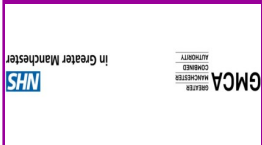
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X Do not \_\_\_\_\_

X Do not \_\_\_\_\_



**I have a Learning Disability**

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Based on an original version by Manchester Foundation trust