

Essential Companion Access Scheme (2016) – Application Form



Personal Details

Name: _____
Address: _____

Post Code: _____
Daytime Phone / Text Phone : _____
Evening Phone/ Text Phone: _____
E-Mail Address: _____

ACCESS REQUIREMENTS

We need a bit more information in order to make sure you get the correct seats and any reasonable adjustments are made for your convenience.

- | | |
|---|---|
| 1. Do you use a wheelchair? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Power or Manual? | <input type="checkbox"/> Power <input type="checkbox"/> Manual |
| wheelchair Dimensions | <input type="checkbox"/> Up to 30" or 77cm width <input type="checkbox"/> 31" to 49" or 78cm to 125cm width <input type="checkbox"/> Other (Please State) _____ |
| 2. Are you able to transfer from your Wheelchair to a theatre seat? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable |
| 3. Are you deaf or hearing impaired? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Are you blind or do you have sight impairment? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Will you be bringing an assistance dog with you? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Do you require someone to accompany you? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If yes, are you able to provide further detail

- | | |
|--|---|
| 7. Do you have any other relevant needs? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|---|

Please provide us with any details that will help us assist you on your visit.

SUPPORTING MATERIAL

We request that you bring with you some supporting documentation for your membership before purchasing tickets. This can either be produced for confirmation at the box office or copies provided with this application.

- | | |
|---|---|
| <input type="checkbox"/> PIP Daily Living Component | <input type="checkbox"/> Dual Sensory Impairment |
| <input type="checkbox"/> DLA High or Middle Rate Care Component | <input type="checkbox"/> Blue Badge |
| <input type="checkbox"/> Certificate of Visual Impairment | <input type="checkbox"/> Disabled Railcard |
| <input type="checkbox"/> War Disablement Pension | <input type="checkbox"/> CEA Card |
| <input type="checkbox"/> Direct Payments | <input type="checkbox"/> CredAbility Card (Nimbus) |
| <input type="checkbox"/> Social Services Care Package | <input type="checkbox"/> National Rail Disabled Persons Railcard |
| <input type="checkbox"/> AFIP (Armed Forces Independence Payment) | <input type="checkbox"/> Any other International Disability Documentation |
| <input type="checkbox"/> Continuing Healthcare Package | |

TERMS & CONDITIONS*

*Full Terms & Conditions available upon request.

The Essential Companion Access Scheme allows our customers with access requirements and their companions to purchase discounted ticket(s). It also aims to assist our access customers in booking tickets and helps us to understand their specific needs. Customers wishing to take advantage of the Essential Companion Access Scheme discounts are required to join our free Essential Companion Access Scheme.

Membership will be valid from 18 months from the point of approval. After these 18 months anyone wishing to remain on the Essential Companion Access Scheme must re-apply.

Please note: Applications can take up to 10 working days to process, within this time you may be contacted for additional information. No applications will be processed during 1 hour prior to a performance start time. Once a decision has been reached on your application you will be contacted. Please do not try to purchase tickets using your membership prior to notification from the Arts & Events Team.

I have read, understood and accept the terms and conditions of the Essential Companions Access Scheme.

DECLARATION

Please complete the following declaration and sign it in the appropriate place below. If this declaration is not completed and signed, your application will not be considered:

I agree that GLL can create and maintain computer and paper records of my personal data and that this will be processed and stored in accordance with the Data Protection Act 1998.

I confirm that all the information given by me on this form is correct and accurate and I understand that if any of the information I have provided is later found to be false or misleading my membership may be declined / revoked and could lead to civil proceedings and/or prosecution under the Theft Act 1968.

Signature _____ Date: __/__/_____

Please return completed applications to: EC Access Scheme, The Sands Centre, Carlisle, CA1 1JQ.

Alternatively e-mail to Arts.Events@gll.org

FOR OFFICE USE ONLY

Date Received : __/__/____

Additional Information Requested:

Application: Accepted/ Declined*

Date: __/__/____

*Reason Application was declined:

Membership Expires

Date: __/__/____

Signature:
