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Description automatically generated with medium confidence **ACCESS REQUIREMENT REGISTER**

**APPLICATION FORM**

**APPLICATION PROCESS**

The application can be made by either the disabled person or by their Assisted Companion (essential carer) if they will be booking tickets on behalf of the disabled person. If you are a Assisted Companion who cares for more than one individual you will need to apply separately for each person you assist.

Please refer to our **Access Requirements Information Sheet** for further details about the Access Requirement Register.

**THIS FORM CONTAINS 3 SECTIONS**

**Sections A and Section B** will need to be filled out for **all** applications.

We require this information so that we can provide the best possible service for you when booking tickets. This will ensure we can assist with customers needs and be sure we give you the best possible service to improve your enjoyment during your visit.

**Section C** need only be filled out for customers who require a Assisted Companion to attend the venue with them; this section of the form requires you to provide supporting documentation. Please ensure that you send **photocopies** of documents only as submitted paperwork will be securely destroyed once your application has been processed.

**Please note that providing information is not a guarantee that accessible seats will be available at all performances**.

**SUBMITTING YOUR FORM**

You can email your completed form to info@beaconartscentre.co.uk

There is a version of the form online if you wish download it from our website www.beaconartscentre.co.uk

Or post your completed form to:

Beacon Arts Centre

Custom House Quay

Greenock

PA15 1HJ

If you have any questions about this process, contact us on 01475 723 723

If you require this form in an alternative format please contact us.

**SECTION A**

**PERSONAL DETAILS**

Name

Address

Postcode

Phone number

Email

Name of Ticket Purchaser (only complete if different from above)

Address

Postcode

Phone number

Email

**☐ Please tick the box to consent to the Beacon Arts Centre storing your information for purposes of the Access Register**

For your convenience we will register you for 3 years so that you do not need to re-submit it every year. The information you supply for the Access Register will help us to find appropriate seats for you quickly and easily and will save time when you book in future. We will not share your personal data with any third party organisations. Yoursubmitted paperwork will be securely destroyed once your application has been processed

People who intentionally give false information will be removed from the Access Register. The register will be monitored regularly.

**SECTION B**

**ACCESS REQUIREMENTS:** (please tick all that apply)

☐ I must be accompanied by a Assisted Companion during my visit

(Section C must be completed)

☐ Wheelchair space

☐ A bigger space required for a larger wheelchair

☐ Wheelchair transfer seat on the end of a row

☐ Aisle seat - left leg near aisle

☐ Aisle seat- right leg near aisle

☐ Space for assistance dog in the auditorium

☐ Infra-red hearing enhancement (Headsets and Neck Loops required)

☐ Sign Language Interpreted Performance

☐ Touch Tour

☐ Guiding Assistance for blind or partially sighted customers

☐ Storage of Walker or other equipment

Please provide any additional information you think might be useful for us to know

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☐ Other additional needs – please give details below

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If you have anything you would like to discuss further with our team please write your question below and one of our team will contact you.

QUESTION…

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**SECTION C**

**ASSISTED COMPANIONS (CARERS)**

This section only requires completion if you require help from another person in order to move safely around the venue

If you **do** wish to apply for a free Assisted Companion ticket when you attend Beacon Arts Centre then please **complete Section C.**

If you **do not** require a Assisted Companion to attend a performance with you, then please return your form to us with **Section A and Section B completed only.**

**ENTITLEMENTS**

Customers who would be unable to attend without a Assisted Companion are entitled to a complimentary ticket for their Assisted Companion (AC) when attending a performance or event.

The AC must be able to assist the deaf or disabled person to access the concert hall and its facilities, remaining with them to ensure their wellbeing and comfort.

A free AC ticket is available at the venue’s discretion to those who need assistance from another person in order to move around safely within Beacon Arts Centre. Anyone designated as an Assistant Companion must be able to assist the disabled person they are attending with to leave the building in an emergency.

**SECTION C**

**SUPPORTING DOCUMENTATION REQUIRED FOR COMPLIMENTARY AC TICKET**

A photocopy or scan of one of the following documents (dated within the past 12 months if DLA, Attendance Allowance or PIP) makes your Assisted Companion eligible for a free ticket. **I’m afraid we cannot accept a Blue Badge as supporting documentation.**

**Please check the box next to the evidence you are submitting**

☐ Front page of DLA letter (Medium or Higher Rate)

(The annual increase and Christmas bonus letters are also accepted)

☐ Front page of Attendance Allowance letter (no specific rate required)

☐ Front page of PIP letter (no specific rate)

☐ Evidence that registered severely sight impaired (blind)

☐ Recognised Assistance Dog ID card

☐ CredAbility Access Card (with +1 icon)

☐ None of the above - sending alternative evidence

**Sending alternative evidence**

We recognise that the evidence listed is not definitive. If you do not have any of the above evidence and require a Assisted Companion to attend the venue with you use the space below to tell us why:

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You are welcome to post or email copies of any additional evidence that supports your application if you have any, or contact us to discuss your application. Your application will be judged on a case-by-case basis.

If you wish to submit any additional evidence to support your statement, please list it in the space below and attach it with your form:

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Please note that all data collected will automatically be deleted after 3 years of submission if you do not request access facilities in this time. We will not share your data with any third party organisations.

**I have a disability as defined by Equality Act (2010)**

Please refer to the **Access Requirements Information Sheet** for further information on the Equality Act

If you have downloaded the form to complete electronically please type your name in the space below in lieu of signing

**Signed**

**Name**

**Date**

**☐ Please tick this box if you are filling in the form on behalf of someone else**

**SUBMITTING SUPPORTING DOCUMENTS**

When submitting documents to support your application you can speed up the process by

* Scanning evidence and attach it with your form if emailing
* Photocopy evidence and clip it to a printed form if posting

Please feel free to blackout any information that relates to the amount of benefit paid or health conditions that might be on documents submitted that you do not wish us to see. Your submitted paperwork will be securely destroyed once your application has been processed.

**SUBMITTING YOUR FORM**

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