**Bradford Theatres Access and Carer Membership Scheme**

**Individual Application**

**Access Member’s Details:**

|  |  |
| --- | --- |
| Access Member’s First Name |  |
| Access Member’s Last Name |  |
| Address Line 1 |  |
| Address Line 2 |  |
| City/Town |  |
| Postcode  |  |
| Contact Number(s) |  |
| Email Address |  |

**Is the Access Member’s disability of a long-term/permanent nature?**

(This helps us to determine the term of membership required)

**Which of the following best describes the Access Member’s seating requirements (you can select as many categories as are needed):**

|  |  |
| --- | --- |
| No specific seating requirements  |  |
| Aisle seats |  |
| Level entrance accessible seats (seats you can get to and from without using any stairs) |  |
| Seats close to entrance/exit |  |
| Seats close to accessible toilets |  |
| Seats suitable for people who are partially-sighted  |  |
| Accessible seat to transfer from a wheelchair *(****Please Note:*** *evacuation by foot in an emergency is required as transfer wheelchairs are stored outside of the auditorium and cannot be retrieved in an emergency)* |  |
| Wheelchair position  |  |
| Wheelchair details |  Manual |  |
| Powered |  |
| Average size |  |
| Larger than average size |  |
| Has a headrest |  |
| Has extension rests for right leg, left leg or both |  |
| Wheelchair reclines |  |
| Any other wheelchair details or equipment? If so, please specify below |  |
| **PLEASE NOTE: Outdoor Motorised Mobility Scooters are not permitted inside the auditorium and must be left outside the building.**  |
| Seats at a Captioned Performance |  |
| Seats at a Signed Performance |  |
| Seats at a Relaxed Performance |  |
| Seats at an Audio Described Performance |  |
| *Preferences for an Audio Described Performance:* | Number of headsets required |  |
|  | Interested in Touch Tour (if available) |  |
|  | How many people for Touch Tour? |  |
|  | How many sighted people on Touch Tour? |  |
|  | Guide Dog in attendance |  |
|  | *Pre-show Information preferences for Audio Described performance (more than one can be selected):* |
|  | Clear Print |  |
|  | Email |  |
|  | CD |  |
|  | Other (please specify) |  |

**Please Note:** whilst some of our venues have a lift, we cannot guarantee these will be operational. Lifts will cease operating in the case of an emergency and customers on higher levels must be able to evacuate via the stairwells.

**Nominated Bookers:**

Please name up to 3 people, in addition to the Access Member, who are authorised to book tickets under this scheme:

|  |  |
| --- | --- |
| Nominated Booker 1 |  |
| Nominated Booker 2 |  |
| Nominated Booker 3 |  |

**Please indicate which proof of eligibility you will provide and enclose/attach a good quality scan or photograph with this application form:**

|  |  |
| --- | --- |
| Access/CredAbility Card |  |
| Attendance Allowance/Carers Allowance  |  |
| Blue Badge |  |
| CEA Card |  |
| Disabled Persons Travel Permit/Companion Pass |  |
| Personal Independence Payment (PIP) Letter |  |
| Visual Impairment documentation |  |
| Medical Letter |  |
| Other (please specify) |  |

**If you feel the Access Member would qualify for a carer but they do not possess any proof of eligibility, please let us know why in the space below (you can continue on a separate sheet if necessary):**

|  |
| --- |
|  |

**Signature and name of person completing this form (only a name is required when completing this form electronically):**

|  |  |
| --- | --- |
| Signed: |  |
| Print Name: |  |
| Date |  |

**How to submit this form:**

The easiest way to submit this application form is by email, along with a good quality scan or photograph of any proof of eligibility, to the following email address:

enquiries@bradford-theatres.co.uk

Alternatively, you can post the form and photocopies of any proof of eligibility to:

Bradford Theatres Box Office

Morley Street

Bradford

BD7 1AJ

If you would prefer to hand your application form in in person, please consult our website or call the Box Office on 01274 432000 to find the latest information on our counter service opening times.

**What happens next?**

We aim to process all Access and Carer Membership Scheme Applications within 2 weeks of receipt, but this timescale may vary according to demands on our service. If you have not received a response within two weeks, or if the show for which you wish to book takes place in the next few days, please contact the Box Office on 01274 432000.

We do not issue Membership Cards for the Bradford Theatres Access and Carer Membership Scheme. If an application is successful, a Membership will be applied to the Bradford Theatres customer record of the applicant, which will be visible to the Box Office team whenever a booking is made. If a customer record does not already exist on our system, one will be created using the information provided in this form.

At present, bookings made under the Access and Carer Membership Scheme can only be processed directly with the Box Office by phone, on 01274 432000, or in person at one of our Box Office Counter Services. All of our opening times are available at: [www.bradford-theatres.co.uk](http://www.bradford-theatres.co.uk)

**Please note:**

No refunds can be made for tickets purchased before your application has been approved. We reserve the right to withdraw memberships at any time if we feel this service is being misused.