

ASSISTED ACCESS

ORGANISATION MEMBERSHIP SCHEME

Organisation Application Request:

For organisations whose members require additional assistance to access the services within the Mayflower Theatre.

Please read the additional information before completing this form.

Details of Organisation applying – (Please use block capitals)

REGISTERED DISABLED PERSON NUMBER: _____

NAME OF REGISTERED DISABLED PERSON : _____

Title of Organisation _____

Type of Organisation: Disabled Group Community Group Care Home Day Centre

Educational Establishment Training Establishment Other _____

Address _____

_____ Postcode _____

Daytime Phone No.: _____ Fax No.: _____

* The appointed representative is the named individual authorised to make bookings under the scheme. He/She is required to sign this declaration that the benefits of membership will be used within the terms set out in this document and The Mayflower Theatre Disabled Access Policy and that individuals represented by this organisation would be restricted in their ability to access the services provided without assistance with the scope of the Disability Discrimination Act 1995**

The Data Protection Act requires us to obtain your permission to contact you. If you would like to be added to The Mayflower Theatre mailing list please tick

Please indicate below if your Group require a particular seat location or service in order to access our facilities. Your preferences will be recorded on your Client Record to assist in future bookings.

Front stalls Seat Wheelchair position Infra Red or Induction Loop

Room for an assistance dog Large wheelchair used Signed performance

Audio Described performance Captioned performance Visually Impaired seats

Stroboscopic Effects/Pyrotechnic Explosives Other (please specify) _____

Please indicate the ratio of assistants to group members that your organisations' Risk Assessments lay down as being necessary for leisure trips.

Number of Assistants _____ per _____ group members.

We may require you to produce your Risk Assessments when considering your application.

If the failure of a piece of our equipment would seriously hamper or make your visit impossible then please inform us:-

Passenger lift Induction Loop Other (please specify) _____

We will endeavour to inform you if one of the above pieces of equipment is out of action and discuss your options. Wherever possible we will keep the disruption to your visit to a minimum.

This declaration will be valid for 2 years from the agreed date of registration. The Mayflower Theatre reserves the right to request further information on the individual requirements of the registered individual, to support their assistance and to prevent against fraud. Membership of the scheme is valid for 2 years, after which you may be required to reaffirm your status.

I confirm that, in order to access the Mayflower Theatre individuals in our care require the presence of an assistant.

Signed: _____ **Date:** _____

Print Name _____

***The Disability Discrimination Act 1995 – A person has a disability if he or she has a physical or mental impairment which has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities. Please note that a false application could lead to civil proceedings and/or prosecution for offences under the Theft Act 1968. All tickets are subject to availability at the time of booking. The theatre reserves the right to review the availability of tickets within the scheme, to review a member's eligibility and to revoke that membership following review.*

For Office Use Only

Date Received:

Any additional information requested:

Accepted/Declined:* Date:

*Reason application declined:.....

Review required on (date)

Signature:



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ORGANISATION MEMBERSHIP SCHEME

For those who are dependent upon additional assistance to access the services within The Mayflower Theatre.

The Mayflower Theatre is firmly committed to enabling all their patrons to attend theatrical performances equally and with dignity and respect. The Theatre operates this membership scheme for those who, within the scope of the Disability Discrimination Act 1995*, require somebody (referred to hereafter as the essential companion) to be present in order to assist them to readily access the services within the theatre. The membership scheme is not open to or intended for those who simply want a companion or require assistance with transportation to the Theatre.

The essential companion is somebody who is able to support the disabled person in accessing the services of the Theatre that, without their help, would be inaccessible. To ensure their safety, wellbeing and enjoyment of their visit to the Theatre and of those they come into contact with. The essential companion has a responsibility to familiarise themselves with the layout of the Theatre, the location of services and they should liaise with Theatre staff if the disabled person requires assistance and be aware of evacuation instructions should there be a need to evacuate the building. The essential companion is required to attend to the needs of the disabled person at all times whilst on the premises. Theatre staff will advise and aid the essential companion, but cannot

be expected to furnish assistance with duties for which the essential companion is present.

Our Assisted Assistance Scheme allows bona fide groups and organisations to obtain a half price ticket for an essential companion. To join, the appointed representative of the Organisation will need to complete and sign the application attached and return it to The Mayflower Theatre at the address provided.

You will be informed when your organisation has been accepted into the scheme within 14 working days. Should we require further information then we will inform you of this within the same time frame. Upon receiving the relevant information we will inform you of our decision. We regret that scheme tickets cannot be made available until applications have been processed and we have registered your organisation onto the scheme.

The information you supply to us will help us in providing a better service for you. There is an opportunity on the form for you to tell us about your particular needs or you can include information on a separate sheet if required. For example we need to know if your mobility equipment is an unusual size, shape or is motorised, so that we can allocate the correct amount of space when booking. The information you give us is protected by the Data Protection Act and will only be used for the purpose set out in this document.

If you have difficulty completing this form or would like more information, please contact the Box Office who will be pleased to assist. Completed forms should be sent to: The Box Office Manager, Mayflower Theatre, 22 Commercial Road, Southampton SO15 1GE

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This information is available in other formats on request.

For further details please call 02380 711 811