

## Access Scheme application form

Please ensure you have read our Access Scheme information page ( <u>cadoganhall.com/access-scheme</u> ) and have copies of relevant supporting documentation to post to us with your application.

## Applicant details

Please give the details of the person wishing to join the	Access Scheme.	
Title: First name:	Surname:	
Address:		
Town/City:		
County:	Country:	
Postcode:		
Phone number(s):		
Email:		
A acces we are worse on t		
Access requirement		
Limited mobility	☐ Visually impaired / Partially sighted	
Wheelchair user (see below*)	Personal Assistant ticket required	
Guide dog	■ Booking on behalf of Access Patron	
Hearing loop	Other (please state):	
* If you are a wheelchair user, please tell us if you require a wheelchair space or prefer to transfer to a seat:		
Require wheelchair space		
Prefer to transfer to a seat		
Should we need to get in touch about your registration contacted:	n or bookings, please tell us how you prefer to be	
By email		
☐ By telephone		
☐ By post		
Please contact my Personal Assistant / Carer (pleas	se give details overleaf)	

Personal Assistant / Carer name and contact details:		
Title: First name:		_ Surname:
Address:		
Town/City:		
County:		Country:
Postcode:		
Phone number(s):		
Email:		
Would you like to join o	ur mailing list?	
If so, please indicate below which g	<b>O</b>	ear about:
	eligibility to join our Access owance (Medium/Higher rance letter (no specific rate	
<ul> <li>Payment entitlement (no specific</li> <li>Evidence of registered severely s</li> <li>Recognised Assistant Dog ID car</li> <li>CredAbilityAccess Card (with +1</li> </ul>	ight impaired d	
I confirm that the inform	mation I have pro	vided above is correct and true
		n will have their details removed from the Access s regularly monitored and information updated.
I confirm that I have a disability	as defined by the Equality	y Act 2010 (please tick).
Signed:		Date:
PRINT NAME:		