

ACCESS MEMBERSHIP FORM

**CHICHESTER
FESTIVAL
THEATRE**

Please return the completed form to Access List, Chichester Festival Theatre, Oaklands Park, PO19 6AP or email access@cft.org.uk

INDIVIDUAL WHO HAS ACCESS REQUIREMENTS

Name _____

Address _____

_____ Postcode _____

Telephone Number _____

Mobile Number _____

Email Address _____

Date of Birth (if under 16) _____

Please use my details to send me information about productions, events, offers and ways in which I can support the work of CFT

By Post

By Email

By Telephone

Please only use my details to send me information directly connected to my purchases such as booking reminders, feedback requests and membership information

By Email

By Telephone

By submitting this form you acknowledge that the data provided by you will be processed in accordance with the CFT privacy policy. This can be read at cft.org.uk/privacy, or call 01243 781312 to be sent a copy.

I consent to the information provided about my Access requirements being added to the CFT database for the duration of my membership.

Signature:

TICKET BOOKER:

If someone, on occasion, books theatre tickets on your behalf (family / friend / group booker), please provide us with their details below. Please continue on a separate sheet if more than 1 person books on your behalf.

Name _____

Address _____

_____ Postcode _____

Telephone Number _____

Mobile Number _____

Email Address _____

Please use the above details to send the ticket booker information about productions, events, offers and ways in which they can support the work of CFT

By Post By Email By Telephone

Please use the above details to send the ticket booker information directly connected to their purchases such as booking reminders, feedback requests and membership information

By Email By Telephone

By submitting this form you acknowledge that the data provided by you will be processed in accordance with the CFT privacy policy. This can be read at cft.org.uk/privacy, or call 01243 781312 to be sent a copy.

The person detailed above has given permission for me to share their information.

ACCESS REQUIREMENTS: (please tick all that apply)

SEATING		VISUALLY IMPAIRED	
I require a Wheelchair Space		I require the Audio Description Service	
I would like to borrow a Wheelchair for my visit		I would like to attend Touch Tours	
I require an Aisle seat		I require a Braille Cast List	
I require Step Free access to my seat		I would like to bring my Guide Dog to the performance	
I require a seat close to an Exit		I require a Large Print season brochure	
I require a seat close to a Lift		I would like to receive an audio season brochure on a CD	
I require a seat close to the Accessible Toilet (row L)		I would like to receive an audio season brochure on a USB Memory Stick	
HEARING IMPAIRED		OTHER	
I require a Captioned performance		I prefer to attend a Relaxed Performance	
I require a British Sign Language performance		I would like to bring my Assistance Dog (not Guide Dog) to the performance	
I require the Loop system		I am on the Autism Spectrum, or have a Sensory or Communication Disorder or Learning Disability	
I require a Sennheiser Listening Unit		I am Living with Dementia	
		I am interested in CFT Buddies Scheme	
		I have no specific needs	

ESSENTIAL COMPANION:

If you require continual supervision or assistance during your visit you may be eligible for a discounted Essential Companion ticket.

Please mark this box if you require an Essential Companion ticket.

PROOF OF DISABILITY:

If you are in receipt of one of the following benefits you may be eligible for the access discount on your ticket and a discounted ticket for your Essential Companion (if required). To qualify you **must** provide a photocopy of your most recent documentation which should, where possible, be dated within the last 12 months. Please provide **one** of the following accepted proof/s:

- Blue Badge Permit – *please provide a copy of both sides of your permit*
- Disability Living Allowance or Personal Independence Payment
- Certificate of Visual Impairment
- Attendance Allowance
- Compass Card Scheme West Sussex or Local Authority Disability Card
- CEA Card / Disability Railcard
- Disabled Students Allowance
- Employment and Support Allowance
- Any other evidence (e.g. Doctor's letter)

TERMS & CONDITIONS:

- The Access Membership scheme is open to anyone who is disabled as defined by the Equality Act 2010.
- Chichester Festival Theatre reserves the right to require proof of eligibility for the membership. On occasion we may ask to see original documentation.
- Members who intentionally give false or misleading information will have their Access Membership revoked.
- Chichester Festival Theatre reserves the right to review and amend the scheme without prior notice and may require members to re-apply after the review.
- If you have any questions about the Access Membership scheme or how to complete this form, please contact the Box Office on **01243 781312** or email **access@cft.org.uk**.
- We work in partnership with the Chichester Access Group. If you are refused membership, CAG will act as arbitrators. They can be contacted by emailing **info@chichesteraccessgroup.org.uk** or telephoning **07818 688490**.

Your specific needs will be stored on our booking system for the duration of the membership. CFT will not share this information with any other party. Your original application and proof of eligibility will be destroyed once processed.