****

*Group Assisted Access Scheme*

PROVIDING ACCESS FOR ALL

Our Assisted Access Scheme is free to join and allows bona fide groups and organisations to obtain tickets for theatre performances and receive any essential assistant ticket free of charge. To join you will need to complete and sign this application and return it to The Capitol at the address provided.

**If you have difficulty completing this form or would like more information, please contact The Capitol Box Office on 01403 750220 or email** **contact@thecapitolhorsham.com** **who will be pleased to assist.**

Completed forms should be handed into the Box Office or sent to: **The Capitol, North Street, Horsham, West Sussex RH12 1RG.** Alternatively you can also email**contact@thecapitolhorsham.com**

|  |
| --- |
| Name of Organisation: |
| Type of Group: (delete as appropriate) Disabled Group / Care Home / Day Centre / Educational Establishment / Other  |
| Address:Postcode: |
| Name & Job Title of appointed representative\*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\* The appointed representative is the named individual authorized to make bookings under the scheme. This person is required to sign this declaration that the benefits of this membership will be used within the terms set out in this document.  |
| Email Address: |
| Contact Number: |

Requirements

**In order to provide the best seating for you, please indicate the likely types of seat location(s) members of your party may require in order to access our facilities.**

(An indication of the number of members who would be in a group and would need assistance in these areas would be helpful.)

Aisle Seat (Aisle on Left) Aisle Seat (Aisle on Right)

Stalls Seat Wheelchair Position

Large or Tall Wheelchair used Other

How many wheelchair users are likely to prefer to use a standard theatre seat?

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

Number of assistants \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ per \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ group members

Supporting Material

We will require a form of identification for the organisation; this can be in the form of a letterhead. Applications will be considered and you will be informed whether you have been accepted onto the scheme within 10 working days. If we require further information then we will inform you of this within the same time frame will pass on our decision as soon as possible after that information has been received. We regret that scheme tickets cannot be made available until your application has been approved and we have registered you onto the scheme.

Terms and Conditions

The Capitol is firmly committed to enabling all their patrons to participate in theatrical performances equally and with dignity and respect. The Theatre operates this membership scheme for those who, within the scope of The Equality Act 2010 (formerly The Disability Discrimination Act 1995), need somebody (referred to hereafter as the assistant) 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 assistant is somebody who is able to help the disabled person access services that, without their help, would be inaccessible. The assistant should familiarise themselves with the layout of the Theatre and the location of services, they should liaise with Theatre staff if the disabled person requires assistance and take instructions should there be a need to evacuate the building. The assistant 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 assistant, but cannot be expected to furnish assistance with duties for which the assistant is present.

Applications will be considered and you will be informed whether you have been accepted onto the scheme within 10 working days of receipt. If we require further information then we will inform you of this within the same time frame. We will pass on our decision as soon as possible after that information has been received. We regret that Assisted Access tickets cannot be made available until your application has been approved and we have registered you onto the scheme. Subject to evidence provided, applications will be valid for up to 2 years before a renewal is needed.

By joining the scheme you agree that any tickets purchased on this account will ONLY be used by this applicant and any customer who intentionally gives false information will have their Access Application revoked and will be removed from the scheme. We retain the right to review, amend, or withdraw this membership at any time and may require customers to re-apply after a review.

The Capitol will hold your details on its database so we are able to facilitate future bookings and help us best meet your needs. This paper copy will be destroyed and your Personal Data will be held in accordance with the Data Protection Act 2017/8 and will not be shared with any third parties.

Our standard terms and conditions apply and further access Information is available from the Box Office or can be found at [www.thecapitolhorsham.com/information/visiting-us/access-information/](http://www.thecapitolhorsham.com/information/visiting-us/access-information/).

* Please tick here to confirm you have read, understood and accept our terms and conditions and are happy with the processing of your personal data.
* Please tick here if you would like to be kept informed of events and access performances at The Capitol

**Contact Preferences**

* Please tick if you are happy for The Capitol to contact you via email
* Please tick if you are happy for The Capitol to send you printed literature
* Please tick here if you are happy for The Capitol to contact you via the phone

**Signed: Dated:**

|  |
| --- |
| For Office use Only |
| Date Received: | **Approval Signature:** |
|  |  |