Access and Communication Meeting Requirements

**Name:**

1. **Do you have any of the following access requirements?**

**Mark as appropriate**

* Induction loop
* Wheelchair or mobility scooter access (please provide details below regarding size)
* Paper copies of presentations (available on the day)
* Accessible car parking space
* Sighted guide
* Help with meals e.g. accessible seated area for lunch (please provide further details below)
* Lighting adjustments
* Quiet room

Please provide further details below if needed:

1. **How would you prefer to receive papers before the meeting you attend?**
* By email only
* By post only
* By post and email

If you need large-print documents, please specify the size: 14pt 16pt 18pt 20pt

1. **Will you be bringing a personal assistant/support worker?**
* Yes
* No

If yes, what is the name of your personal assistant and will they be staying with you for the duration of the meeting? Does your assistant have any access or dietary requirements? Please provide details below:

1. **Will you be bringing an assistance dog?**
* Yes (please provide further details at question 8 if you think it is necessary)
* No
1. **Will you require overnight accommodation to attend a meeting due to your access needs?**
* Yes
* No

If yes, please tell us your requirements below e.g. accessible room required / special diet / prefer to book own:

1. **Do you have any access travel requirements?**
* Yes
* No

If yes, please tell us your requirements e.g. requiring an open return / rail card held / travel assistance required / prefer to book your own:

1. **Do you have any dietary requirements?**
* Yes
* No

If yes, please provide details below of your dietary requirements below:

If you would like to know what the options for your specific diet are at the meeting venue let us know.

1. **Please provide further information (below) of any access requirements that you haven’t already mentioned that you feel we need to know about to help you take part in the meeting:**
2. **To enable you to attend this meeting will you need *[name of organisation]* to pay for the following: (please tick as appropriate)**
* Replacement carer\*
* Child care\*

**Please return this form to: *[insert details here]***