

Adults Essential Companion Scheme Individual Membership Application

Details of adult with disability



Title _____ First Name _____ Surname _____

Address _____

Town _____ Postcode _____

Telephone _____ Email _____

Which of the following preferences would you like us to assist with in future bookings?

Aisle seat	<input type="checkbox"/>	Wheelchair space	<input type="checkbox"/>	Large wheelchair space	<input type="checkbox"/>
Stalls seat	<input type="checkbox"/>	Induction loop	<input type="checkbox"/>	Other	<input type="checkbox"/>

Other information / why do you require an essential companion?

The person with a disability (as defined by the Equality Act 2010), or their appointed representative, is required to sign below to declare that the person concerned required a companion to access facilities at the place.

Signed _____ Date _____

Print name (if representative) _____

Completed forms should be returned to The Place Telford, Theatre Square, Oakengates, Telford, TF2 6EP.

The Place Telford reserves the right to review a member's eligibility, and to revoke membership following review. A false application could lead to court action.

It is the scheme member's responsibility to communicate any change in circumstance to The Place.

Privacy Notice under the General Data Protection Regulations

Telford & Wrekin Council are collecting Personal Identifiable Information to enable us to provide you with tickets for performances. We need to collect this information in order to supply you with these tickets. This information is being processed under DPA – Schedule 2 (2a) (GDPR 2018 -Article 6 (1)b).

Telford & Wrekin Council will not share any Personal Identifiable Information collected with external organisations unless required to do so by law. For further details on the council's privacy arrangements please view the privacy page on the council's website page (www.telford.gov.uk/terms).