

artsAccess
User Application Form



Name Mr/Mrs/Miss/Other.....

Date of Birth

Address

Postcode Telephone (day).....
(evening).....

Email

What is your disability?

Do you use a wheelchair? Y/N

Can you get into an average sized car? Y/N

Do you prefer to transfer from your wheelchair to a seat, once at the venue? Y/N

Do you require adapted toilet facilities? Y/N

Do you have difficulty hearing? Y/N

Do you have difficulty seeing? Y/N

Do you have your own Blue Badge for parking? Y/N

Are you registered with Handicabs? Y/N

Do you smoke? Y/N

Do you object to smoking? Y/N

Which seats do you prefer us to book?
(e.g. front stalls, back stalls, within the loop system, end of row, etc.)
.....
.....

Please continue overleaf

Entertainment likes

.....
.....
.....

Is there anything else we should know to help make your outing more enjoyable?

.....
.....
.....

It is important that we have a contact name and telephone number to give to our volunteers should there be a problem during an outing.

NameNumber.....

And finally, where did you hear about Artlink?

.....

Data Protection Act 1998

As the new Data Protection Act is now in force, Artlink is seeking your informed consent to hold your personal details on our database and where necessary to share this information with our volunteers to ensure your outings are enjoyable. We will from time to time send you information about Artlink events and related arts activities.

Please sign below:

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May we also pass on your details to theatre mailing lists? Y/N

Vetting of Volunteers

Having sought advice from Disclosure Scotland formal vetting of all **artsAccess** volunteers will be undertaken.

Please fill in the above form and return it to:

Artlink, 13a Spittal Street, Edinburgh, EH3 9DY
0131 229 3555 or sally@artlinedinburgh.co.uk

Unfortunately we have a long waiting list. We will contact you when we can start booking outings for you. **Please do not send any money until we contact you.**

