Access for All Membership Scheme
Cultúrlann Uí Chanáin

Thank you for requesting information about our Access for All Membership scheme.

Our Access for All scheme has been designed for people with physical/sensory or cognitive disabilities, and is a practical display of Cultúrlann Uí Chanáin’s belief that there should be equal access to our venue for everyone. Its purpose is to help us to provide you with the best possible service - each time you book we will store details of your booking requirements for the future, helping us to find appropriate seating for you quickly and easily.

It is free to join and we will keep you up to date on offers and information about forthcoming shows. You can update us at any time of any changes to your access requirements by contacting our Box Office, who will update your membership records. Your membership will be valid for one year, after which we will contact you to renew and update us of any changes.

To join the scheme, please complete the following form in full and return to our Box Office at the address below:

Box Office Manager
Cultúrlann Uí Chanáin
37 Great James Street,
Derry, BT48 7DF

If you require any further information, you can also contact us via:
Phone: +44 (0)28 71 264132 Email: eolas@culturlann.org

As soon as we have processed your membership we will send you a confirmation letter, which will include a membership ID. Please allow up to 14 working days for your application to be processed. Please always quote your membership ID when booking tickets with us.
Access for All Membership Form
Cultúrlann Uí Chanáin

Personal Details:

Name:_______________________________________________

Address:_______________________________________________

______________________________________________________

______________________________________________________

Postcode: ___________ Telephone: _______________________________________________

Mobile: _______________________________________________

Email: _______________________________________________

Please tick if you do not wish to receive information by post, phone, text or email about upcoming shows, special offers, general information or competitions: ○

Access Requirements:
In order to provide the best seating or performance for you, please specify the type of disability you have (please tick more than one answer if required):

<table>
<thead>
<tr>
<th>Wheelchair User (Please specify type of wheelchair)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manual</td>
</tr>
<tr>
<td>Powered</td>
</tr>
<tr>
<td>High-back</td>
</tr>
</tbody>
</table>

A person who is Ambulant Disabled
A person who is deaf or hearing impaired
A person who is blind or visually impaired
A person with an assistance dog
A person with a long-term / progressive illness
A person with learning disabilities
A person with Autism
A person with a type of Dementia
Other (please specify)
Please specify any other information about how your disability affects your seating requirement and your booking (e.g. aisle seat required, cannot use lifts):

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Essential Assistance:

Cultúrlann Uí Chanáin, subject to promoter’s discretion, will offer companion seats when applicable (please contact us for further information on a performance you would like to attend). For in-house performances there will be 10 companion seats available (again please contact us for further information).

A companion seat is for adult customers with disabilities who require **essential** assistance to attend the venue. Your companion **must be able** to assist you in the event of an evacuation. Please note, only patrons over 16 years old may avail of this offer.

Do you require a companion’s seat: Yes [ ] No [ ]

The person applying should be in receipt of one of the following: -

• Disability Living Allowance (DLA) or Personal Independence Payment (PIP)
• Attendance Allowance (AA)
• Blind Persons Registration
• Disabled SMART Pass
• cESA – Employment and Support Allowance Contributory Group
• Other – Please provide details
• Blue Badge holder

**Please provide evidence of one of the above to support your application**

Please sign below to confirm that the information detailed on this form is accurate:

Signed: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ Date: _ _ _ _ _ _ _

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