

## Access and Dietary Requirements Form

Please use this form to inform us of your access needs for the programme. This information is confidential and will be used to assist us to meet your specific needs within available resources. Where necessary we will get in touch with you to further discuss your specific requirements.

When you have completed this form email it to [insert email]

Or post it to [insert address]

Or you can phone or email to discuss your access and dietary requirements.

Your name

---

Written information format (please tick)

Standard

Large print

Audio

Braille

Other (please describe below)

---

Do you require a Sign Language Interpreter? Yes  No

Do you require other communication support? Yes  No

If 'yes', please indicate requirements:

---

Do you require wheelchair access? Yes  No

Do you require an accessible bathroom? Yes  No

Do you have a mobility impairment that would restrict the use of steps?

Yes  No

Do you need orientation to the venues? Yes  No

Will an assistant accompany you?

Yes  No

Do you have any medical needs e.g. require fridge in hotel room for medication? Please indicate requirements below:

---

Are there any signs or symptoms you would like us to be aware of which may indicate that you are becoming unwell?

---

Do you require a quiet break out space or somewhere to lie out on occasion?

---

Do you have any dietary requirements? (please tick)

Gluten free

Dairy free

Vegetarian

Vegan

Other (please describe below) e.g. Halal

---

Do you give permission for us to contact you to discuss your needs? Yes  No

How would you like to be contacted?

Phone:

---

Mobile:

---

Text only: Yes  No

Email:

---

Other:

Please tell us of other access requirements not covered (for hotel accommodation and training space) in this form or additional information you feel we need to know to better support you:

---

---

**Emergency contact information**

1.

Contact name:

---

Relationship to you:

---

Phone number/s:

---

2.

Contact name:

---

Relationship to you:

---

Phone number/s:

---

By signing this form you give permission for us to call your emergency contact people listed above in the event that you become unwell.

Signed:

---

(typed signature is acceptable)

Dated:

---