

appendix B: form for checking requirements – example

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This form is available in alternative formats on request. If you have any questions or would like support with completing this form, please contact us.

Name and address of venue

My name

Please mark the boxes that apply

1. Travel

I will be travelling by:

Bus Car Train Taxi

Other

I would like my travel and enabling (if applicable) expenses to be reimbursed at the meeting – please bring all receipts

I am happy for my expenses to be reimbursed at a later date

2. Access and enabling

I use a wheelchair

Manual Electric

I use sticks/walking frame

I will be bringing my own enabler/personal assistant

Name

I will not be bringing an enabler but will need occasional assistance (eg. carrying drinks) please specify

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3. Dietary requirements

I have special dietary requirements (please give details)

4. Communication

I will be bringing someone to help me communicate

I will be using a communication aid at the meeting

I have a hearing impairment and need:

An induction loop To lip read

A sign language interpreter

(specify which signing system)

Other requirements

5. Preferred formats

Normal print Large print

Braille Easy read

Audio cassette

Signed and subtitled video

CD-Rom/floppy disk

Picture supported language

Other (please specify)

6. Any additional information

Please return form to:

(insert name and contact details)
