



## ESSENTIAL COMPANION SCHEME - Individual Membership Application Form

### 1. Details of person with disability

Title: \_\_\_\_\_ Initial: \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_

Post Code: \_\_\_\_\_ Tel. \_\_\_\_\_

Email Address: \_\_\_\_\_

### 2. Which of the following preferences would you like us to assist you with in the future.

Aisle Seat [  ] Wheelchair Space [  ] Large Wheelchair Space [  ] Induction Loop [  ]

Other [  ] (please give details below)

Please briefly explain why you require an Essential Companion along with the details if you are in receipt of an Access Card, Blue Badge, PIP allowance or similar.

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The person with a disability (as defined by the Disability Discrimination Act (1995) or their appointed representative, is required to sign below, that the person concerned requires a companion to access the facilities at Epsom Playhouse and the companion is aware of and agrees to the terms and conditions.

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

Print Name (if representative): \_\_\_\_\_

Completed forms should be returned to: Epsom Playhouse, Ashley Avenue, Epsom, Surrey, KT18 5AL. E: [TPlayhouse@epsom-ewell.gov.uk](mailto:TPlayhouse@epsom-ewell.gov.uk)

Epsom Playhouse 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 circumstances to Epsom Playhouse.