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**ESSENTIAL COMPANION SCHEME**

The Epsom Playhouse would like everyone to enjoy all the services that we offer and in order to further this commitment have adopted the Essential Companion Scheme. Under the Equality Act 2010, a person with a ‘disability’ is defined as anyone who has a physical or mental impairment which has a substantial and long term adverse effect on their ability to carry out normal day-to-day activities.

The Epsom Playhouse operates the Essential Companion Scheme for those who need somebody to be present in order to assist them to readily access the theatre and its services through the means of mobility or guidance. The scheme is open to both individuals and organisations.

The Essential Companion should familiarise themselves with the layout of the Epsom Playhouse and the location of its services. Where necessary they should liaise with staff if the person with the disability requires assistance and take instruction should there be a need to evacuate the building. The Essential Companion is required to attend to the needs of the person with a disability at all times whist at the Epsom Playhouse. It is not the duty of our staff to provide assistance beyond the remit of their job profile due to Legal and Health & Safety reasons.

**How The Scheme Works -** Our Essential Companion Scheme allows it’s members a free ticket so that they can bring along a companion with them at no additional cost. To join the scheme, the person with the disability, or their appointed representative, must complete and sign an application form and return it to the Box Office at the Epsom Playhouse. The Essential Companion Scheme is not open to, or intended for those who simply require a companion/friend to assist them with transportation to and from the venue. The scheme is not offered to individuals who are able to cope independently in a public venue. As we are a publicly funded organisation, we require a signature to declare that the benefits of membership will be used within the terms set out in this document.

**Enjoyable Visit -** The information that you provide us with will help ensure that we provide the best service for you. There is space on the form to tell us about your needs. For example, is your mobility equipment of an unusual size? Is it motorised? Can you manage stairs? The information you provide will enable us to allocate the correct amount of space for you. It is protected by the Data Protection Act 1998 and it will only be used for the purpose set out in this document.

The Epsom Playhouse cannot provide unlimited access for its shows and events. The allocation of complimentary places will be determined by the ‘capacity’ for each event and provided on a ‘first come first served’ basis.

It is accepted that a wheelchair may be used to assist in access to and around the Epsom Playhouse and we accept that it may be preferred for you to transfer to a theatre seat. However, if you are transferring to a theatre seat, you will need to be independently capable of leaving the Epsom Playhouse in the event of an evacuation without access to your wheelchair. If you are unable to fulfil this, in line with Risk Assessments, Health & Safety and the Fire Safety Officer, we will insist that you remain in your wheelchair and if available we will relocate to a wheelchair position.

**Contact Us -** If you have any difficulties in completing the application form, please contact a member of our team on 01372 742226. E: [TPlayhouse@epsom-ewell.gov.uk](mailto:TPlayhouse@epsom-ewell.gov.uk)

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**ESSENTIAL COMPANION SCHEME - Individual**

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)

Other information / why you require an Essential Companion

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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.

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.



**ESSENTIAL COMPANION SCHEME - Organisational**

Essential Companions ratio: 1:1 [ ] 1:2 [ ] 1:4 [ ] Other :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organisation Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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Post Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daytime tel no. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evening tel no. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 [ ]

Stalls Seats [ ] Other [ ] (please give details below)

Other information / why do members of your group require an Essential Companion

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

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

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