**THE PLAYHOUSE’S COMMITMENT TO INCLUSION**

**ESSENTIAL COMPANION SCHEME**

The Playhouse Theatre is firmly committed to enabling all our patrons/visitors to participate in our events equally, with dignity and respect. We would like everyone to enjoy all the services and facilities on offer and to further this commitment, have adopted the Essential Companion Scheme. For the purposes of this policy, a person with “disability” is understood, **as defined by the Disability Discrimination Act (1995)**, 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 Playhouse Theatre operates The Essential Companion Scheme for those who need somebody to be present to assist them to readily access the theatre and its services. It has been designed for people with physical/sensory or cognitive disabilities. It is a practical display of The Playhouse’s commitment to providing equal access and the best possible service. This is open to both individuals and organisations however an application form (see below) should be completed for each person concerned.

The Essential Companion should familiarise themselves with the layout of The Playhouse Theatre and the location of services. A floor plan is available at the entrance /reception area and directly outside each of the floors as you exit the lifts. The Playhouse is fully accessible for wheel chair users. They should liaise with staff if the person with a disability requires assistance, and take instructions 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 whilst on the premises. Staff are always readily on hand and are identifiable from our staff uniform of black shirt/blouses/ trousers with The Playhouse lanyards and name badges.

Our Essential Companion scheme allows members a free ticket so that they can bring a companion with them at no additional cost. To join, the person with the disability, or their appointed representative must complete and sign the application form, and return it to The playhouse Theatre. Contact details on the form should be those of the person with a disability, not of the Essential Companion.

**The 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 information that you provide us with will help to ensure that we provide the best service for you. There is a space on the form for you to tell us about your particular needs. For example are you sensitive to sound(s), lighting, is your mobility equipment of an unusual size or shape, is it motorised or do you require an oxygen mask and cylinder? This information enables us to make reasonable adjustments. All information is protected by the Data Protection Act 1998 and will only be used for the purposes set out in this document.

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

**ESSENTIAL COMPANION SCHEME**

**If you have any queries/difficulties completing this form please contact our Box Office directly and we will be happy to assist you. Contact us by telephone on 028 71268027, by email to** [**boxoffice@derryplayhouse.co.uk**](mailto:boxoffice@derryplayhouse.co.uk) **or call into our building on 5-7 Artillery Street, Derry/Londonderry. BT48 6RG.**

**Individual Membership Application Form**

**1. Details of person with disability**

Title: \_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Town: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Post Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**2. Which of the following preferences would you like us to assist you with in future bookings? (Please circle)**

Aisle Seat Wheelchair Space Large Wheelchair Space

Induction Loop Other

**Other information/ why you require an Essential Companion**

Please give as much information as possible. Please note that The Playhouse Theatre reserves the right to request proof that the applicant is entitled to membership.

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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 The Playhouse Theatre.

Signed: --------------------------------------- Date: ---------------------------------------

Print Name (If Representative):

The Playhouse Theatre reserves the right to review a member’s eligibility, and to revoke membership following review. It is the scheme member’s responsibility to communicate any change in circumstances to The Playhouse Theatre.