



New Theatre Access Scheme

Please find attached a copy of the application form for Personal Assistants (carers) attending the New Theatre or selected St David's Hall events with groups of disabled persons.

In order for your group to apply for the **Access Scheme** we require you to complete the attached form along with a risk assessment outlining the care needs which will be met by Personal Assistants whilst at the New Theatre. Please note that the completion of this form is not required for companion seats charged at the same rate as those for disabled people.

The **Access Scheme** acknowledges that once at the New Theatre, despite the assistance offered by all the trained Front of House staff, some customers will require a level of assistance i.e. personal care support, that is inappropriate for us to deliver. This risk assessment should outline care requirements necessary during your visit at the New Theatre, and should not include travel to and from the venue.

Please take into consideration the following when completing your risk assessment;

- Outline any risks that may occur only whilst at the theatre
- Please ensure your risk assessment concentrates on the care needs of your group
- Where possible, attach a covering letter on headed paper from your organisation or group

We have enclosed a template of a risk assessment if you wish to use it or alternatively you are welcome to use your own.

We will process your application within 28 days of receipt and, if you are successful, will advise you of your unique booking number which should be quoted to qualify for your free Personal Assistant seat(s). You will not be able to claim any free Personal Assistant seats until we advise you of your booking number.

Please send your completed form along with relevant evidence to

**Personal Assistants
New Theatre
Park Place
Cardiff
CF10 3LN**

E-mail ntmailings@cardiff.gov.uk
Fax 029 2087 8788

Yours sincerely

Grant McFarlane
General Manager



New Theatre Access Scheme

Application form for Personal Assistants (carers) attending with groups of disabled persons

Group leader's name _____

Contact Address _____

_____ Post Code _____

Daytime telephone no. _____

Email address _____

Name of disabled persons group you will be attending with _____

Are the disabled persons within the group named above in receipt of the **higher rate care component** of the Disability Living Allowance, the **higher rate** of Attendance Allowance or holders of a **Certificate of Visual Impairment**? - please tick as appropriate:

Yes

No

What ratio of Personal Assistants to disabled persons will you require?

1 Personal Assistant for every _____ disabled person(s) attending in our group. [Insert number in space]

Signature _____ Date _____

If you have any queries about this form or this policy, you can get in touch with us on 029 2087 8887 or by emailing ntmailings@cardiff.gov.uk

Please ensure that you have included a recent risk assessment with your application, along with a covering letter.

Group Risk Assessment - General Risks

Do the existing precautions reduce the risk to the lowest level that is reasonably practicable?

Yes No

(If 'no' additional precautions must be identified and implemented and the risks re-assessed)

Additional Precautions	Person Responsible	Signature
Person with overall responsibility for ensuring that the precautions are implemented on the day of visiting the New Theatre		

ASSESSMENT COMPLETED BY	
Signed:	Name of group/organisation:
Name (print):	Date: