








# LCFCDSA ACCESS CARD APPLICATION FORM





	Application Ref
Card holder First Name	
Card holder Surname	
Your name (if different to cardholder)	
Date of Birth	
Street Address	
District	
City	
County	
Postcode	
Email Address	
Telephone Number	

## CredAble Access Card: Application Form

About how your impairment impacts on you and the barriers you face – please carefully read the descriptions and then tick the boxes that meet your needs

	<p><b>Queuing &amp; Standing</b>  <i>If your impairment means you are unable to stand / queue for significant periods of time – for example you have difficulty standing or perhaps find queuing distressing or have difficulty with the concept of queuing</i></p>	
	<p><b>Wheelchair Access</b>  <i>If you are a wheelchair user and require access to wheelchair accessible facilities such as accessible toilets, ramps or allocated wheelchair user spaces at venues. Use the other symbols for difficulty with standing, distances or stairs.</i></p>	
	<p><b>Access to toilets</b>  <i>If you have continence issues for example you may have a condition like Crohn's and would need quick access to the nearest available toilet. This symbol is not related to accessible toilets</i></p>	
	<p><b>Assistance Dogs</b>  <i>If you have an officially recognised Assistance Dog</i></p>	
	<p><b>Distances</b>  <i>If you are unable to move yourself any more than short distances – this includes self-propelling a wheelchair. This is only for people with substantially reduced mobility and includes difficulty with stairs.</i></p>	
	<p><b>Personal Assistants</b>  <i>If you have to have the support of another person to make use of the facilities of a service let us know about that here. For example you need personal assistance with your care or perhaps without another person you wouldn't be able to make purchases and carry things like food and drinks</i></p>	
	<p><b>Alternative Formats</b>  <i>If you have needs relating to accessing visual information and need alternative formats</i></p>	

	<p><b>Hearing Impairment</b>  <i>If you are Deaf, have a hearing impairment or in any other way have difficulty in accessing audible information.</i></p>	
	<p><b>Anything Else</b>  <i>If you have any other specific needs a venue would need to know about needs not covered elsewhere on this form.</i></p>	

## Questions:

Office use only....

<b>Processed Date</b>	
<b>Payment Type</b>	
<b>Access</b>	
<b>Processed By</b>	

lcfcdsa@gmail.com

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