**Personal Assistant Application Form**

|  |
| --- |
| **Applicant Name:** |
| **Address:** |
| **Telephone Number:** |
| **E-mail:** |
| **Please indicate your access requirements by selecting one or more of the list below:**   * Personal Assistant Seat * Wheelchair space * Seat near to the front * Seat on the end of a row * Seat near the exit door * Provision for guide/assistant dog * Other (Please specify): |
| **Confirmation of supporting documentation to go along with the application (all applications require a copy of at least one of the following documents)**   * Front page of a Disability Living Allowance or PIP document * Certificate of Visual Impairment * Proof of CredAbility Access Card |

**Please return the completed form with accompanying documents to –**

National Centre for Early Music

St Margaret’s Church

Walmgate

York

YO1 9TL

or by e-mailing boxoffice@ncem.co.uk