



# SLOUGH TOWN FC

## 2022/23 DISABILITY REGISTRATION FORM

### INSTRUCTIONS

1. You (or your representative) should complete the personal details in part one and sign and date it.
2. A recognised professional must complete part two and sign, stamp and date it.
3. The form should then be returned to Kay Lathey, 24 Stowe Road, Slough, Berkshire, SL1 5QF
4. Please refer to the disabled and carer terms and conditions attached.

### PART ONE – PERSONAL DETAILS

TITLE \_\_\_\_\_ FIRST NAME \_\_\_\_\_

SURNAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_

POSTCODE \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_ MOBILE NUMBER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

HOW DO YOU PREFER TO BE CONTACTED? \_\_\_\_\_

#### DISABILITY TYPE (please tick any of the below which are applicable to you)

- AUTISM  LEARNING DISABILITY  MENTAL ILL HEALTH  AMBULANT   
PARTIALLY SIGHTED/BLIND  HARD OF HEARING/DEAF  LONG TERM ILLNESS   
WHEELCHAIR/SCOOTER USER WHO CAN TRANSFER TO A STAND SEAT   
WHEELCHAIR/SCOOTER USER WHO CANNOT TRANSFER TO A STAND SEAT   
I AM ABLE TO TRANSFER TO AN EVACUATION CHAIR WITH ASSISTANCE  WITHOUT ASSISTANCE   
I AM UNABLE TO TRANSFER TO AN EVACUATION CHAIR

OTHER (PLEASE SPECIFY) \_\_\_\_\_

#### ASSISTANCE

DO YOU REQUIRE ADDITIONAL SUPPORT WHEN ATTENDING ARBOUR PARK  NO

DOES THE LEVEL OF SUPPORT REQUIRED EXCEED WHAT YOUR CARER CAN PROVIDE?

(The role of the carer is to help the supporter in and out of the stadium and to care for the supporter whilst inside the stadium. Stewards will assist but their primary role is the safety of all supporters). YES  NO

IF YOU HAVE ANSWERED YES TO THE ABOVE THEN QUESTION FIVE MUST BE COMPLETED IN FULL BY A RECOGNISED PROFESSIONAL.

I consent to the completion of this form and agree that the information given is correct.

I also consent to Slough Town Football Club processing and retaining this information for ticketing, accessibility and general health and safety purposes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINT NAME \_\_\_\_\_

**PART TWO – TO BE COMPLETED BY A RECOGNISED PROFESSIONAL**

Dear Sir/Madam,

The person named overleaf wishes to register themselves with Slough Town FC. It would be appreciated if you are able to complete the questions below to enable us to assist the supporter with a disability as best we can when they are attending Arbour Park. As a club, we recognise that we must Take reasonable steps to facilities and services to meet the requirements of the Equality Act 2010 to enable all supporters with disabilities to enjoy the matchday experience together with all other supporters. At Slough Town FC we provide a complimentary carer ticket as a reasonable adjustment if a supporter requires additional support at Arbour Park. If the person has stated that they require additional support, please can you ensure that question five is completed in full.

1. Does this person have a physical or mental impairment? – *if yes, please state which, as well as the disability type*

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.....

2. What is the level of this impairment? E.g. minor, trivial, substantial.

.....  
.....

3. Has the impairment lasted or is likely to last for at least 12 months or is it likely to recur?

.....  
.....

4. How does the impairment affect the person's ability to carry out day-to-day activities?

.....  
.....

**TO BE COMPLETED IF THE PERSON ANSWERED 'YES' FOR ADDITIONAL SUPPORT**

5. Please state why this person requires additional support when attending Arbour Park?

.....  
.....

6. Is this level of support required (if any) likely to last for the rest of the person's life?

.....  
.....

SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_

\_\_\_\_\_  
ORGANISATION STAMP