



Essential Companion Scheme

For those who need assistance in visiting Camberley Theatre

Surrey Heath Borough Council is committed to making your theatre visit an accessible and enjoyable experience.

To help all our customers enjoy the productions and events at Camberley Theatre, we have adopted the Essential Companion Scheme. Under the Equality Act 2010, a person with a disability is defined as anyone who has a physical or mental impairment which has a substantial or long term adverse effect on their ability to carry out regular day-to-day activities. The Essential Companion Scheme is offered to those who need somebody to be present in order to assist them to access the theatre and its services.

We are happy to offer a free or reduced price ticket to Essential Companions to enable our customers with disabilities to visit the theatre. There are two types of benefit we offer:

- A free ticket for an Essential Companion attending with a person who has a disability, and who receives the **enhanced rate of** Personal Independence Payment (PIP), **higher rate** of the Disability Living Allowance Care (DLA) or Mobility Component, the **higher rate** of the Attendance Allowance or holds a Certificate of Visual Impairment.
- A 50% price reduction on a full price ticket for an Essential Companion attending with a person with a disability who receives the **standard rate of** PIP, **middle rate** of the Disability Living Allowance or the **lower rate** of the Attendance Allowance.

Please note: If you are in receipt of any other benefit, we regret you do not qualify for this scheme.

Our Essential Companion Scheme is not intended for those who simply require a companion/friend or require assistance with transportation to Camberley Theatre.

For more details on DLA go to www.gov.uk/dla-disability-living-allowance-benefit/overview

Box Office: 01276 707600

Email: camberley.theatre@surreyheath.gov.uk



The Essential Companion should familiarise themselves with the layout of Camberley Theatre and location of services. The Essential Companion is required to attend to the needs of the person with a disability at all times. If you require further assistance please speak to the Front of House manager.

Camberley Theatre requires the person with a disability or their appointed representative to complete the attached form and provide proof of entitlement.

Please send your completed form, along with a photocopy of your letter from the Department of Work & Pensions confirming your DLA/ Attendance Allowance status or Certificate of Visual Impairment (you may remove any monetary amounts and this will be destroyed once verified) to

ECS, Camberley Theatre, Knoll Road, Camberley, Surrey, GU15 3SY

Email: camberley.theatre@surreyheath.gov.uk

We aim to process your application within 10 working days of receipt and will advise if you are successful. You will not be able to purchase any free or discounted Essential Companion tickets until we advise you of your acceptance on to the scheme.

The information you give us is protected by the Data Protection Act 1998 and will only be used for the purpose set out in this document.

Tickets are subject to availability and Camberley Theatre reserves the right to review the availability of tickets within this scheme and to review / revoke a member's eligibility.

Once successful, you will need to renew your application every 2 years (subject to the continuation of the scheme).

Please contact the Box Office if you require more information.

Box Office: 01276 707600

Email: camberley.theatre@surreyheath.gov.uk



Essential Companion Scheme Application Form

1. Details of the person with a disability		
Title:	First Name:	Surname:
Address:		
		Postcode:
Phone Number:		Mobile:
Email:		

<p>2. Application type. Please tick one of the boxes below. If you are in receipt of any other benefit, we regret you do not qualify for this scheme.</p> <p><input type="checkbox"/> I am in receipt of the enhance rate of PIP, higher rate care or mobility component of the Disability Living Allowance, the higher rate of the Attendance Allowance or hold Certificate of Visual Impairment and would like to apply for a free ticket for my Essential Companion.</p> <p><input type="checkbox"/> I am in receipt of the standard rate of PIP, middle rate care component of the Disability Living Allowance, the lower rate of the Attendance Allowance and would like to apply for a 50% ticket reduction on a full price ticket for my Essential Companion.</p>

<p>3. Please include a photocopy of your letter from the Department of Work & Pensions confirming your DLA/ Attendance Allowance status or Certificate of Visual Impairment. You may remove monetary amounts and this evidence will be destroyed once your application has been verified.</p>
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4. Details of personal representative who will be booking tickets (if different from the person named in section 1)		
Title:	First Name:	Surname:
Address:		
		Postcode:
Phone Number:		Mobile:
Email:		

<p>5. Please indicate your preferred contact. We will hold this person's detail on our database and all correspondence will be addressed to this person.</p> <p><input type="checkbox"/> Person with a disability (named in section 1)</p>
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<input type="checkbox"/> Personal representative (named in section 4)
6. Please indicate your preferred method of contact.
<input type="checkbox"/> Phone
<input type="checkbox"/> Email

7. Which of the following preferences would you like us to record to assist in future bookings?		
<input type="checkbox"/> Aisle Seat	<input type="checkbox"/> Wheelchair Space	<input type="checkbox"/> Stalls Seat
<input type="checkbox"/> Hearing Loop	<input type="checkbox"/> Other	

Signed:	Date:
Print Name:	

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The information you give us is protected by the Data Protection Act 1998 and will only be used for the purpose set out in this document. The evidence you supply with your application will be destroyed once verified and all applications and application forms are valid and stored for two years.

Would you like to receive Theatre marketing information from us? This information is never shared with any third parties. Tick the box to receive marketing information on

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For Office Use Only

Received on:	Proof Attached:	Date Approved:
Customer Notified By:	Added To System:	Staff Initials: