



ESSENTIAL COMPANION SCHEME - MEMBERSHIP APPLICATION FORM

1. Applicant Photo:

Please provide a passport sized colour photograph that is an accurate likeness of the applicant. Please write the applicant's name on the reverse of the photo and affix below.

2. Details of the Disabled Applicant

TITLE: FIRST NAME: SURNAME:

ADDRESS:

.....

..... POSTCODE:

TELEPHONE NUMBER: DAYTIME: EVENING:

EMAIL ADDRESS:

3. Proof of Eligibility

Please enclose proof of eligibility that clearly demonstrates the applicant is in receipt of one of the following:

- The **higher rate** of Disability Living Allowance
- The **higher rate** of Attendance Allowance
- The **enhanced rate** of the Personal Independence Payment
- The Armed Forces Independence Payment
- Holds a Certificate of Visual Impairment or is registered blind

If you are sending original documents please enclose a stamped-addressed envelope (SAE) for their return. Documents without a SAE will be securely shredded.



4. Disabled Applicant's Needs

Please specify why you require an Essential Companion? (Please give as much information as possible):

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.....
.....
.....

The person with a disability, or their appointed representative, is required to sign below, that the person concerned requires a companion to access the facilities at Frome Memorial Theatre

Signed: Date:

Print Name:

Completed forms should be returned to:

The Box Office Manager, Frome Memorial Theatre, Christchurch Street West, Frome, BA11 1EB.

We will endeavour to process your application with 5 working days of receipt.

You will not be able to book any free Essential Companion seats until we approve your application. If successfully approved your membership of the scheme will be valid for one year.

Frome Memorial Theatre reserves the right to review a member's eligibility and to revoke membership following review. A false application could lead to Court action. It is the scheme member's responsibility to communicate any changes in circumstances to Frome Memorial Theatre

For Office Use Only

Received on:.....

Proof & photo attached:.....

Date Approved:.....

Customer Notified by:.....

ESC Expiry/Review Date:.....

Initials:.....