Registration Form

Greater London Equality Seminar

7th November 2018

Woburn House, 20-24 Tavistock Square, London, WC1H 9HQ

Branch Name

Please register the following delegates:-

Delegate 1

Name

Branch position (if any)

E-mail Address @

Dietary Requirements eg. vegan / gluten free

Reasonable Adjustments please complete and return form attached

Delegate 2

Name

Branch position (if any)

E-mail Address @

Dietary Requirements eg. vegan / gluten free

Reasonable Adjustments please complete and return form attached

Delegate 3

Name

Branch position (if any)

E-mail Address @

Dietary Requirements eg. vegan / gluten free

Reasonable Adjustments please complete and return form attached

Signed on behalf of Branch

**REQUEST FOR REASONABLE ADJUSTMENTS**

Reasonable Adjustments please complete and return form attached

Delegate 1

Name

Branch position (if any)

E-mail Address @

Dietary Requirements eg. vegan / gluten free

Reasonable Adjustments please complete and return form attached

Delegate 1

Name

Branch position (if any)

E-mail Address @

Dietary Requirements eg. vegan / gluten free

**PLEASE SUBMIT WITH EQUALITY SEMINAR REGISTRATION FORM**

**Delegate Name:**

**PLEASE TICK THE APPROPRIATE BOX**

**A. MOBILITY REQUIREMENTS**

**Wheelchair space/access Other (please state below)**

**Space for guide dog**

**Parking space**

**B. FACILITATION**

**Facilitator**

**Please specify Facilitation requirements**

**Please specify other requirements**

**C. VISUAL/HEARING/WRITTEN AID**

**Audio tape** **British Sign Language**

**Induction loop** **Sign Supported English**

**Braille** **Speech to Text**

**Lipspeaker** **Large Print**

**Large print on disk**

**Disk**

**Specify software required**