**APPENDIX B**

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| **REGIONAL DISABLED MEMBERS COMMITTEE** **ACCESS REQUIREMENTS FORM** |

We will make every effort to provide the adjustments which you may require to make the meeting accessible, however, it is essential that you return this form **as a matter of urgency** to ensure we have sufficient time to make the necessary arrangements you have requested.

**Please be aware - meetings may be held via Microsoft teams.**

|  |  |
| --- | --- |
|  **WHEELCHAIR ACCESS / SPACE** |  |
|  |  |
|  **BRAILLE** |  |
|  |  |
|  **DISK** |  |
|  |  |
|  **PALENTYPIST** |  |
|  |  |
|  **INDUCTION LOOP** |  |
|  |  |
|  **LARGE PRINT** (please specify font size required) |  |
|  |  |

|  |  |
| --- | --- |
| **Name** |  |
|  |  |
| **Contact Details**- please print | 🕿 - telephone🖳 - email |

 **Completed forms should be returned to**

**Helen Chater** **h.chater@unison.co.uk**

**by no later than 12 noon on 22 December 2020**