**Disability Focus - Tuesday, 23rd October, 2018**

**Booking Form (one per person, please)**

 Yes, I will be coming to the event. 🗌 I will need a place for my 🗌

 No, I am not able to come. 🗌 personal assistant

 **Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Organisation:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Contact details:** (An email address would be best if you have one)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 **Please tell us about any special dietary needs:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Please let us know if you need any additional assistance to enable you to take part in the**

 **event (for example a BSL Interpreter, hearing loop, etc):**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Please tell us what you would like to talk about, tick 3 choices from this list:**

 **(We hope to put you in the discussion groups for 2 out of your 3 choices)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Table Number** | **Topic** | **1st** | **2nd** | **3rd** |
| 1 | Being a full part of our community |  |  |  |
| 2 | Getting information you can use |  |  |  |
| 3 | Getting the benefits that you are entitled to |  |  |  |
| 4 | Using hospital services |  |  |  |
| 5 | Using health care services (not in hospital) |  |  |  |
| 6 | Having a house to live in and support to live there |  |  |  |
| 7 | Getting a job and keeping it |  |  |  |
| 8 | Being safe where you live and where you spend your time |  |  |  |
| 9 | Being treated badly because of your disability (Hate Crime) |  |  |  |
| 10 | Using public spaces and places |  |  |  |
| 11 | Getting to where you want to go |  |  |  |
| 12 | Support for family carers |  |  |  |

**If you agree to your contact details being held for the purpose of sending you**

**follow up information from this and future events, please tick this box**

 **Please email this form to** **trish.hayward@avenuesgroup.org.uk** **by 12th October, 2018**