

# Access Requirements

BOP is committed to creating an accessible work environment for everyone. This form is sent to everyone we work with to help us identify the best ways to provide what you need in terms of access, communication and the environment you work in. This is not an equality monitoring form (these are issued separately, are anonymous and are about us understanding the makeup of our company).

This form is broken into several sections, these are:

- Communication and hearing support
- Physical and Environmental
- Sighted Support
- Mental Health and Wellbeing
- Travel and Accommodation
- Access to Work

Please complete the sections relevant to you and provide as detailed answers as possible.

If you are involved in a touring project please make sure you complete the travel and accommodation section.

We will use this information to help us to support you & build your access requirements into our project and production planning. All information is kept confidential.

Depending on how many sections you complete this form may take between 2-8 minutes to complete.

If you have any questions do not hesitate to get in touch.

\* Required

## 1. Email address \*

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## Communication and hearing support

Please use this section to tell us the best way to contact you and then if you have any d/Deaf or hearing impaired access requirements.

### 2. Please tell us about your preferred communication method: \*

*Check all that apply.*

- Phone
- Email
- Text message
- Skype / FaceTime etc.

### 3. Written Information Format e.g. contract, script, tour details: (please tick)

*Check all that apply.*

- Standard
- Large Print
- Braille
- Audio
- Other: \_\_\_\_\_

**4. Do you require communication support? For example in a rehearsal room or meeting?**

*Check all that apply.*

	British Sign Language	Sign Supported English	Lip Reading	Speech to text	Loop
Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**5. Any other comments or information you feel it would be useful for us to know?**

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## Physical and Environmental

Please use this section to tell us about any environmental access requirements you may have when with us at our office, in rehearsal spaces, at venues etc.

**6. Do you require wheelchair/level access?**

*Mark only one oval.*

- Yes  
 No  
 Sometimes

**7. Do you have limited mobility that would restrict walking distance or navigating steps?**

*Mark only one oval.*

- No  
 Yes  
 Sometimes

**8. Do you require Changing Place bathroom facilities?**

*Mark only one oval.*

- Yes  
 No

**9. Are there any environmental requirements we should be aware of? For example - Lighting levels, room temperatures? etc.**

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**10. Do you require a Personal Assistant?**

*Mark only one oval.*

- Yes
- No

**11. Any other comments or information you feel it would be useful for us to know?**

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## Sighted support

If you have any visual impairment please provide details below.

**12. For orientation reasons would you like to be met from public transport?**

*Mark only one oval.*

- Yes
- No

**13. If appropriate please choose when you need a sighted guide:**

*Check all that apply.*

- In rehearsals
- At venues
- At tour accommodation
- Other: \_\_\_\_\_

**14. Would you need script line-feed during rehearsals?**

*Mark only one oval.*

- Yes
- No

**15. Will you bring any of your own support we need to be aware of? I.e Guide Dog. Please provide details:**

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**16. Do you require a Personal Assistant at work?**

*Mark only one oval.*

- Yes
- No

17. Any other comments or information you feel it would be useful for us to know?

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## Mental Health and Wellbeing

Please provide us with information that will help us to support your wellbeing during your time with us.

18. Would flexible approach to start/finish times benefit you during your time with BOP? If YES please provide details:

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19. Do you require the option to work from home?

*Mark only one oval.*

- Yes  
 No  
 Sometimes

20. Do you require a work-space with minimise noise? If YES please provide any specifics noises that can disturb you:

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21. Would a quiet break away space be beneficial?

*Mark only one oval.*

- Yes  
 Yes - and must be private  
 No

22. Do you require a Personal Assistant at work?

*Mark only one oval.*

- Yes  
 No  
 Sometimes

23. **Would a dedicated work buddy or mentor be useful?**

*Mark only one oval.*

- Yes
- No
- Maybe - Please can BOP provide me with more information.

24. **Any other comments or information you feel it would be useful for us to know?**

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## **Travel & Accommodation**

If you are travelling to Scotland to work with us or are involved in a touring project/production please complete this section.

25. **During rehearsals or while on tour do you require accessible transport and accommodation or have any other related access requirements? e.g. Ground floor room or to be met at station.**

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26. **Do you require accommodation on tour to include an adapted shower-room/bathroom?**

*Mark only one oval.*

- Yes
- No

27. **Do you have any other requirements relating to hotel accommodation e.g., close to lift or ground floor?**

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28. **Do you hold a disability railcard?**

*Mark only one oval.*

- Yes
- No

29. Do you have any specific travel restrictions e.g. regular breaks for Guide Dog, prefer to transfer to seat on a train or in the van?

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30. Will you require travel or accommodation for a PA?

*Mark only one oval.*

- Yes
- No

31. Any other comments or information you feel it would be useful for us to know?

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## Access to Work

Access to Work is a government scheme that provides grants for:

\*special equipment, adaptations or support worker services to help you do things like answer the phone or go to meetings

\*help getting to and from work

If you require additional support it maybe appropriate for us to apply to access to work and knowing the information below will help us to plan.

32. Are you happy to make an application, if appropriate?

*Mark only one oval.*

- Yes
- No

33. Have you made a successful claim to Access to Work in the past?

*Mark only one oval.*

- Yes
- No

34. Any other comments or information you feel it would be useful for us to know?

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**Anything else?**

We have tried to cover the most common access requirements / barriers people face at work within this form. If there is anything we missed or more information you would like us to know please use this section to do so.

**35. Please let us know anything else that will help us work together:**

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