

# East Renfrewshire Disability Workers Network in partnership with Inclusion



Scotland roadshow  
Monday 20<sup>th</sup> October  
Eastwood House, Giffnock



Delegate Name \_\_\_\_\_

Organisation \_\_\_\_\_

Address \_\_\_\_\_

Tel \_\_\_\_\_

Fax \_\_\_\_\_

## Specific Requirements

To help ensure that all attendees at the event are able to participate fully, and that we meet all of your access needs, please answer the following questions. All information you provide will be treated as Confidential and will be used only for planning this event.

**Please tick  $\checkmark$  where appropriate**

**Will you require an interpreter to be available on the day?**

BSL  Lip speaker  Sign Supported English

Deaf Blind Communicator  Palantypist

Language: please give details \_\_\_\_\_

**Will you be bringing a Personal Assistant? Yes  No**

**(Please give the name of your personal assistant)**

**Child Care:** Please note that the crèche has limited numbers and it will be run on a first come first served basis

Specify age of child/children (0-12)

0-2years

3-5years

6-9 years

10-12years

**Information at the Event**

|                       |                          |                    |                          |                         |                          |
|-----------------------|--------------------------|--------------------|--------------------------|-------------------------|--------------------------|
| <b>Ordinary print</b> | <input type="checkbox"/> | <b>Large print</b> | <input type="checkbox"/> | <b>Disk-word format</b> | <input type="checkbox"/> |
| <b>Tape</b>           | <input type="checkbox"/> | <b>Braille</b>     | <input type="checkbox"/> | <b>Other</b>            | <input type="checkbox"/> |
| <b>Disk-text only</b> | <input type="checkbox"/> | <b>Easy Read</b>   | <input type="checkbox"/> |                         |                          |

(If "other" please give details) \_\_\_\_\_

Do you need to have this information translated into another language?

**Yes**       **No**

(If yes, please give details) \_\_\_\_\_

**The event will include a vegetarian buffet.**

**Please specify any other requirements.**

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Please return the **registration form** to Donna McSwiggan, 5a Sir James Clark Building, Abbey Mill Business Centre, Paisley PA1 1TJ or e-mail to [information@inclusionscotland.org](mailto:information@inclusionscotland.org)