



CHANGING PLACES TOILETS



MEMBERSHIP APPLICATION FORM

Agreement:

By signing this document, you confirm that either you, or a person in your care;

1. Requires the enhanced facilities of a **Changing Places Toilet**.
2. A standard accessible/toilet is not appropriate.

Name:			
Are you a borough resident	Yes <input type="checkbox"/>	/	No <input type="checkbox"/>
Over 18	Yes <input type="checkbox"/>	/	No <input type="checkbox"/>
Signature			
Date			
<p>I understand that I will be charged £10 for a replacement access fob if required.</p> <p>The Changing Places website should be consulted to monitor site availability</p>			
<p style="text-align: center;">Internal use only</p> <p>Fob Number provided. <input type="text"/></p> <p>ID provided for verification only – not retention: utility bill/passport/driving license.</p> <p>Plus → BLUE BADGE</p> <p>Print Name: _____</p> <p>Sign: _____ Date: _____</p> <p style="text-align: center;">Please return scanned copies as per agreed process</p>			