



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.
3. Is familiar with, and competent to use, the equipment provided.

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>			
Internal use only			
Fob Number provided.	<input type="text"/>		
ID provided for verification only – not retention: utility bill/passport/driving license.			
Plus → BLUE BADGE			
Print Name:	_____		
Sign:	_____	Date:	_____
Please return scanned copies to SOFTFM@REDCAR-CLEVELAND.GOV.UK			