

Disability Access

IES is committed to equal opportunities and to meeting the access needs of all research participants. If you have a disability, we would like to know what your particular requirements are before we meet you. If you have any questions, please contact us by phone, email or fax.

Please take a few minutes to fill in both sides of this form and return it to us. This form is also on the Internet at:
www.employment-studies.co.uk/access/form.php

What is your impairment or disability? (Please mark X the relevant categories)

Visual impairment

Learning disability

Hearing impairment

Mental health issues

Mobility impairment

Other (please tell us)

We may need to send you further written material. Yes No
Would you prefer to receive it in another format?

If YES please tell us which format: Large print? Yes No

Other (please tell us)

How would you like us to send you the documents?

post email fax

Do you require wheelchair access? Yes No

Do you require parking near the meeting venue? Yes No

Would you bring a carer, personal assistant or advocate to the meeting with you? Yes No

Would you like us to telephone you or your advocate/carers to discuss your needs, before we meet? Yes No

If YES, please write the phone number here

Do you need a British Sign Language interpreter? Yes No

Do you have any other communication needs? Yes No

If YES, please let us know what assistance we should provide:

.....

What time of day would you like your meeting to be held?

Morning Afternoon Either

Do you have any other needs we should consider? Yes No

If YES please tell us what they are:

.....

.....

Thank you for completing this form.

Please sign it and include your telephone number or your advocate or carer's telephone number, if you prefer.

(By signing this form you give us permission to contact them to discuss any needs you have.)

You may prefer to arrange a time for us to call you when you are both together; please let us know.

We will be in touch to arrange the interview using the phone number at the bottom of this form.

Signed

Name (BLOCK capitals please)

Date

Your telephone number

or: Your carer's/advocate's telephone number

Your contact at IES is named in an accompanying letter or email. If you have any queries about your access requirements for the interview/focus group please call or email them.