CUPE SCFP Ontario

ACCESS REQUEST FORM
(to be filled out by the member requesting accommodation)

Local No. _____

(Please print or type)
Name of Delegate: _____

Address: _____

_____

_____
Postal Code

Telephone: (home) _____ **(office)** _____

Email: _____

Please check service(s) required: (All services will be provided by CUPE Ontario)

Guide/Personal Assistance   I will provide my own ☐   One is required ☐

	Hotel	Event
ASL Interpretation	☐	☐
Wheelchair / scooter access	☐	☐
Assistance at check in/Registration	☐	☐
Assistance in case of evacuation		☐
Accessible transportation to off-site events		
Other: _____	☐	☐

Alternative Communication

French Translation		☐
Real Time Captioning		☐

Alternative Media

Large Print (Font Size _____)		☐

I Need Materials in advance electronically   ☐
(in order to accommodate a disability)

Serious allergy alert (Please specify)

_____

_____

Will you require any other accommodations at the event? (Please specify)

_____

_____

_____

_____

Will you require any other accommodation at the hotel (such as TTY, visual alarm, etc.) (Please specify)

_____

_____

_____

_____

_____

Other services? (Please specify)

_____

_____

_____

_____

_____

Please complete and return by **October 11th 2017** to:
CUPE Ontario Access Request
80 Commerce Valley Drive East, Suite 1
Markham, Ont. L3T 0B2
(905) 739-9739   or   FAX: (905) 739-9740

;sg/cope343