**Access Request Form**

Local #:

**TO BE COMPLETED BY THE DELEGATE**

**Name:**

# Address:

**Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone:** (home) (alternate)

**Preferred Language:** English French

Please check service(s)/accommodation(s) required (all services will be provided by CUPE Ontario).

I require accommodation(s): Yes No

Dietary Restrictions/Allergies\*

Personal Support Worker

Service Animal

Braille/voice on elevator

Assistance at check in/registration Assistance in case of evacuation Accessible Seating\*

Ergonomic chair

Hotel room accommodation(s)\* Scooter rental

Sign Language Interpretation

 Alternative Communication\*

 French Translation

 Real Time Captioning

 Alternative Media:

Large Print (Font Size: ) Braille

CD

 Advance Material:

Electronically Hard Copy

 Other\*

 \*Please see reverse of form

**Specific details about accommodation:**

# Hotel Room Accommodations

Physically Accessible Room (including a roll in shower) Visually Accessible Room for D/deaf & HoH guests Fridge

Unscented product use

Automatic Door Closer turned off Hardware changed:

Door handles (rounded to levered)

Automatic door opener (push button)

Bathroom grab bars

Non-slip mats Cordless phone

Raised toilet seat Bath seat Transfer Board(s)

Furniture change/removal:

Removal/rearrangement for mobility device turning radius Box spring removed

Closet doors removed

Please complete and return 30 days prior to event to:

CUPE Ontario Access Request

80 Commerce Valley Dr. E., Suite 1

Markham, Ontario L3T 0B2

PHONE: 905-739-9739 or FAX: 905-739-9740

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