

# Access Card Application Form



	Application Ref
Card holder First Name	
Card holder Surname	
Date of Birth	
Street Address	
District	
City	
County	
Postcode	
Email Address	
Telephone Number	

**Tell us a little about your impairment / disability / medical conditions and how it affects you.**

We don't want to go into a lot of medical detail but we need you to demonstrate that you have a genuine recognisable disability so please let us know about any diagnosis.

The rest of this form is about what barriers you face as a result of medical conditions and more importantly what you need for them to be removed by service providers

**YOU CAN APPLY ONLINE, SUBMIT YOUR PHOTOS AND EVIDENCE AND PAY SECURELY**  
**[WWW.CREDABILITY.UK.COM/ACCESS-CARD](http://WWW.CREDABILITY.UK.COM/ACCESS-CARD)**

# CredAble Access Card: Application Form

About how your impairment impacts on you and the barriers you face



## Queuing & Standing

*If your impairment means you are unable to stand / queue for significant periods of time – for example you have difficulty standing or perhaps find queuing distressing or have difficulty with the concept of queuing, tell us about that here.*



## Wheelchair Access

*If you are a wheelchair user and require access to wheelchair accessible facilities such as ramps or allocated wheelchair user spaces at venues tell us about that here.*



## **Access to toilets**

*If your impairment means that you need quick access to toilets (either accessible or not) tell us here. For example you may have a condition like Chron's and would need quick access to the nearest available toilet.*



## **Assistance Dogs**

*If you require an assistance dog tell us more about that here*



## **Long Distances**

*If you are unable to move yourself long distances – this includes self-propelling a wheelchair, let us know about that here.*



## **Personal Assistants**

*If you have to have the support of another person to make use of the facilities of a service let us know about that here. For example you need personal assistance with your care or perhaps without another person you wouldn't be able to make purchases and carry things like food and drinks*



## **Alternative Formats**

*If you have needs relating to accessing information and need alternative formats tell us about that here*



## **Hearing Impairment**

*If you are Deaf or have a hearing impairment please tell us a little about that here*



## **Anything Else**

*If you have any other needs not covered elsewhere on this form please let us know here*

## About you

Tell us who you are and what you like so that we can help you get the most out of your card by sending you carefully selected offers, news and discounts

<b>Impairment Type</b>	
<input type="checkbox"/>	Mobility
<input type="checkbox"/>	Visual
<input type="checkbox"/>	Hearing
<input type="checkbox"/>	Learning
<input type="checkbox"/>	Mental Health
<input type="checkbox"/>	Speech or Language

<b>What kind of things are you looking for</b>	
<input type="checkbox"/>	Sport (Playing)
<input type="checkbox"/>	Sport (Watching)
<input type="checkbox"/>	Shopping Online
<input type="checkbox"/>	Shopping
<input type="checkbox"/>	Eating Out
<input type="checkbox"/>	Socialising
<input type="checkbox"/>	Dating
<input type="checkbox"/>	Live Music / Events
<input type="checkbox"/>	Cinema / Theatre Going
<input type="checkbox"/>	Social Care Support
<input type="checkbox"/>	Aids and Equipment
<input type="checkbox"/>	Transport / Motability
<input type="checkbox"/>	Holidays (UK)
<input type="checkbox"/>	Holidays (Abroad)
<input type="checkbox"/>	Other

<b>Employment Status</b>	
<input type="checkbox"/>	Employed (not looking for work)
<input type="checkbox"/>	Employed (may be interested in other work)
<input type="checkbox"/>	Unemployed and Looking for Paid Work
<input type="checkbox"/>	Unemployed and looking for voluntary work
<input type="checkbox"/>	Unemployed not looking for work Retired and looking for voluntary work
<input type="checkbox"/>	Retired

**Are you in receipt of any of the following:**

<input type="checkbox"/>	Disability Living Allowance
<input type="checkbox"/>	Direct Payments
<input type="checkbox"/>	Personal Budget (Social Care)
<input type="checkbox"/>	Personal Budget (Health Care)
<input type="checkbox"/>	P.I.P.
<input type="checkbox"/>	ESA
<input type="checkbox"/>	Tax Credits

**How did you find out about the access card?**

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**What made you sign up?**

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**Where do you think you'll be using the card?**

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## What next?

### Supporting Evidence

Attach supporting information about your needs stated above.

This may include evidence of benefits claimed, copies of a blue badge, Dr's or OT letter etc.

Please send copies where possible as we cannot guarantee to return originals.

Feel free to use email and scanned documents. You can even take photos of the documents with your camera or smart phone and send us them.

You can use post but *always* make sure to use your full name and postcode on all correspondence

If you want to upload information via a secure upload page get in touch with us tick here and we will send you a reference number and the link

### Photo

We require a passport style photo for your card – this can be a hard copy included with this form or you can send it via email to [cards@credability.uk.com](mailto:cards@credability.uk.com) quoting your full name and address with the subject 'Photo'.

### Payment

Include a cheque for £15 payable to "Nimbus Disability Consultancy".

Consent	
In order for us to be able to make a decision on your entitlement to a card we need to process information related to your medical condition. This is deemed by the Data Protection Act to be sensitive information We will not do this without your explicit consent.	In order for you to get the most out of your card we want to be able to send you information about opportunities which we carefully select based on the information that you have provided about your medical condition and the information in this section.  We will not do this without your explicit consent
I consent for Nimbus to process sensitive information about me in order to make a decision on my entitlement to a card	I consent for Nimbus to send me information which might be filtered based on the information I have provided about my needs and other information
Signed	Signed
Dated	Dated

**Our address is:**

The CredAbility Team  
Nimbus Disability Consultancy  
20 Royal Scot Road  
Pride Park  
Derby  
DE24 8AJ

**Our Email is:**

[Cards@credability.uk.com](mailto:Cards@credability.uk.com)

**Our website is:**

[www.credability.uk.com](http://www.credability.uk.com)

You can call us with any  
questions on 01332 404040