Hereford United Supporters' Trust

HUST DIsability Reasonable Adjustment Form

To support your access needs to travel on the Official Supporters Coach

2026/27

HUST is committed to making the Official Travel Club a safe environment for all supporters. As part of our commitment to equality and inclusion, we operate a Carer Coach Ticket Scheme to ensure that disabled supporters who require assistance can attend matches safely and enjoyably.

Section 1: Supporter Details

Full Name: _____

Date of Birth: _____ / _____ / _____ Phone Number: _____

Email Address: _____

Section 2: Reasonable Adjustment Required:

Please tell us what adjustment(s) you require to travel on the Official Supporters Coach (tick all that apply):

☐ Discounted (£10) carer/personal assitant seat on the coach
☐ Accessible seating
☐ Wheelchair space
☐ Use of accessible toilets
☐ Additional support to enter or exit the coach (particularly in an emergency)
☐ Other (please specify): _____

Section 4: Why a Carer/Personal Assistant is Required:

If requesting a Discounted carer Seat Ticket , please tell us why a carer or PA is required.

Please tick all that apply:

☐ **Mobility Support:** I need help getting to/from my seat, using steps and navigating the host Stadium.

☐ **Medical Assistance**: I require help managing a medical condition during the event.

☐ **Personal Care**: I need help using accessible toilet facilities or with other personal care tasks.

☐ **Supervision or Safety**: I need someone with me for safety, monitoring, or emotional reassurance in crowded or noisy environments.

☐ **Communication Support**: I need assistance with communication (e.g. interpreting, guiding, explaining announcements or signage).

☐ **Cognitive or Learning Disability Support:** I need help understanding the environment, following instructions, or making safe decisions.

☐ **Visual Impairment:** I need a guide or assistance due to reduced or no vision.

☐ **Hearing Impairment:** I need someone to assist with interpreting or alerting me to announcements or emergencies.

☐ **Other:** (please describe):

_____

_____

_____

_____

_____

_____

_____

_____

Section 5: Carer / Personal Assistant Details Carer:

Full Name: _____

Carer Date of Birth: _____ / _____ / _____ (must be 16+)

I confirm that the carer will attend the away game with me, on the Official Supporters Coach, and is capable of supporting me throughout the matchday.

Signed (Supporter): _____ Date: _____

Section 6: Declaration and Consent:

I declare that the information provided is accurate to the best of my knowledge.

☐ I understand this form is used to assess my eligibility for reasonable adjustments under the Equality Act 2010.

☐ I understand and accept that should a Minibus be required, due to low numbers travelling to any particular away match, (case by case) that I will not be able to travel with either a Wheelchair or Mobility Wheels, if there is no facility within the Minibus to store the equipment, to ensure the safety of my fellow passengers.

☐ I consent that should a Minibus be required to travel to an away match (as above) the responsibility to ensure I have the required support to travel safely, lies with me and not my fellow passengers or Hereford United Supporters' Trust.

☐ I consent to Hereford United Supporters' Trust storing this information in accordance with GDPR and using it to provide appropriate matchday support.

Signed: _____ Date: _____