## **anti-capability access form**

## **of La Escocesa**

Activity you wish to attend

Dates of the activity

Name and pronoun that you want to use during this activity

Telephone number and/or email

¿Is there any form of contact that is not accessible for you?

[ ]  E-mail

[ ]  Phone call

[ ]  WhatsApp

[ ]  Telegram

[ ]  Video call

[ ]  Other

If you have marked Other, please specify which ones

### **1. Space location and transport**

La Escocesa is located at Pere IV street, number 345 in the Poblenou neighborhood of Barcelona. Public transport to get to the space:

* Selva de Mar Metro (Line 4 - Yellow) 10 minute walk according to Google Maps.
* Bac de Roda Metro (Line 2 - Lila) 10 min walk according to Google Maps.
* Buses H14 with a stop in front of La Escocesa and V27, V19, and 7 are less than 8 min walk according to Google Maps.

If you need accompaniment from the public transport stop mark this option. In this case, we will contact you so that someone can wait for you at the stop.

[ ]  Yes

[ ]  No

If you cannot physically attend the activity but want to attend online, mark this option.

[ ]  Yes

[ ]  No

Tell us what you would need to be able to attend online

If you cannot attend the activity physically nor online, tell us what you would need to be able to participate

### **2. Location of the activity**

Check and underline the boxes that contain the needs and/or materials required to make your participation in the activity possible and easier. Add below any further details you might need.

Contact

[ ]  Flexibility in answering times.

[ ]  Timing reminders: start and end date and time.

Activity

[ ]  To see the space and meet the person leading the activity in advance.

[ ]  To receive a detailed script of the development and schedule of the activity (content, location and space specification, types of dynamics, rhythms, duration, breaks, number of people who will attend, etc.).

[ ]  To be informed about any change in relation to the event details as soon as possible (the number of people who are expected to attend, the dates, the dynamics, the schedule of the activity, etc).

[ ]  A visual identification system to distinguish roles (organization, care, participants, etc.).

[ ]  Before starting the activity, people should indicate their name and their role in the activity.

[ ]  To have the option to explain your own needs, so they can be respected, to the rest of participants before starting the activity.

[ ]  To have the option of wearing visual identification explaining your needs.

[ ]  Breaks every X minutes.

Group work

[ ]  Preference for not working in a group of more than X people during the activity.

[ ]  Preference for working individually during the activity.

Accompaniments

[ ]  I go with my own companion (non-human animal).

[ ]  I am going with a baby/infant or a person I’m in charge of.

Add the specifications that you consider convenient (in relation to the previous points or others):

### **3. Needs in relation to the space**

Underline the characteristics and/or materials that the space must have so that your participation is possible and easier. You can add any further details below (in relation to the previous points or others):

Space/s

[ ]  Smoke-free space.

[ ]  To have a guided tour of the space before the start of the activity.

[ ]  Detailed map of space.

[ ]  Signage indicating places/spaces and directions.

[ ]  Space with tactile signaling and color contrast of elements such as steps, glass, columns, etc.

[ ]  Specific layout of the spaces and their furniture (delimitation of spaces and specific distribution of chairs, tables, participants, etc.).

[ ]  Being notified of any changes in the location of furniture or people during the activity.

[ ]  Reservation of chairs near whoever is facilitating the activity.

[ ]  Consider that I cannot sit on the floor.

[ ]  Wheelchair-accessible bathroom.

[ ]  Bathroom for people with an ostomy.

[ ]  Ramps.

[ ]  Lift.

[ ]  Wide corridors and spaces.

[ ]  Close space in which my non-human animal companion can relax and/or relieve himself.

[ ]  Being near a plug.

[ ]  Being away from a plug.

[ ]  Being close to a heat source.

[ ]  Being away from a heat source.

[ ]  Being close to a cold source.

[ ]  Being away from a cold source.

[ ]  Being close to a window/door.

[ ]  Being far from a window/door.

Furniture

[ ]  Avoiding furniture that protrudes halfway up (window that opens inwards, etc.).

[ ]  Hollow tables.

[ ] Specific seat (with backrest, with/without armrests, hard, soft, low, high, etc).

[ ]  Space to lie down.

[ ]  Mobile furniture.

[ ]  Table to have the computer or support devices.

Objects

[ ]  Light drinking glasses.

[ ]  Plastic straws.

[ ]  Water pot for non-human animals.

Sound

[ ]  Space with good sound quality.

[ ]  Ambient silence (no background music, no external sounds or noises, etc.).

[ ]  Silent resting area outside the space where the activity takes place.

[ ]  Isolated and quiet area where you can work and talk about the contents of the activity.

Lighting

[ ]  Specific for the space.

[ ]  The space is not dark or with very dim light.

[ ]  No backlight.

[ ]  Intolerance to strobe lights.

[ ]  Need for warning notice of strobe lights.

Colors

[ ]  Please note that I do not distinguish all colors.

Fragrances and chemicals

[ ]  Space “free” of fragrances and chemicals.

[ ]  Space without air fresheners.

[ ]  No incense.

[ ]  No scented candles.

[ ]  Fragrance-free bathroom products: hand soap, tissue.

[ ]  Fragrance-free kitchen products, dishwashers etc.

[ ]  Clean the space before the activity with products without chemicals or fragrances.

[ ]  Ventilate the space before and during the activity.

[ ]  That the other participants come without fragrances to the activity (do not use any body hygiene product with fragrances and wash clothes without fabric softener and with fragrance-free detergents).

You can add any further details below (in relation to the previous points or others):

### **4. Communication needs**

Underline the characteristics and/or materials that make communication possible and easier for you. You can add any further details below (in relation to the previous points or others):

More comfortable ways to communicate:

[ ]  Written language.

[ ]  Sign language.

[ ]  Oral language.

[ ]  Lip reading.

[ ]  Pictograms.

[ ]  Alternative communication device.

If it is not specified, please write it below:

What things will make it possible and easier for us to communicate?

Moderation and dynamics in the meetings

[ ]  The person who moderates gives turns to speak.

[ ]  To be called by my name when addressed by others.

[ ]  Use of specific words to indicate where things are (for example, not saying “here” or “there”, but “left” or “back”).

[ ]  Easy reading/language.

[ ]  When people speak, use a clear voice, controlling the diction and projecting it.

[ ]  Ask people to speak slowly.

[ ]  Make repetitions of the contents and instructions.

[ ]  Do not speak simultaneously, more than one person at a time.

[ ]  Consider that I cannot do another activity while I am speaking or being spoken to.

[ ]  Keep in mind that if I don't look you in the eye it doesn't mean I don't listen to you.

[ ]  Keep in mind that sometimes I don't look you in the eye to speak.

[ ]  Preference not to speak in public.

[ ]  Agree and communicate codes to stop the activity if needed.

[ ]  Interpreter in sign language, subtitling and lip reading

[ ]  Sign language Interpreter.

[ ]  Live professional subtitling.

[ ]  Subtitling of the videos to be shown.

[ ]  Transcription of the audio or sound material to be reproduced.

[ ]  Lip reading: less than 2 meters of distance between me and my interlocutor, incompatibility with objects that cover lip reading such as microphones or masks, that the interlocutor speaks clearly and focuses his gaze towards me, etc.

Image description

[ ]  Audio description of the videos to be shown.

[ ]  Description of the images and other visual content to be displayed.

Texts and other visual materials

[ ]  Have a written transcript of the activity (or a detailed script).

[ ]  Receive by email prior to the activity the texts that are going to be read aloud.

[ ]  The texts to be read at loud must be printed.

[ ]  That the texts used during the activity be read aloud.

[ ]  That the texts used during the activity do not contain abbreviations of words.

[ ] That the texts used during the activity use the "e" as a neutral gender instead of the "x".

[ ]  That the highlights in the texts that are used during the activity are with underlining, not with colors.

[ ]  In case of projecting of texts, use neutral backgrounds, a sufficiently large font, contrasting colors and divisions in paragraphs.

[ ]  Adaptation of materials to editable digital formats.

Add any further details you might need (in relation to the previous points or others):

### **5. Triggers**

Underline the elements that contain trigger elements for you. You can add any further details below (in relation to the previous points or others).

What external things/triggers bother you?

[ ]  Background noise.

[ ]  Unexpected noises.

[ ]  Direct lights.

[ ]  Flashing lights.

[ ]  Backlighting.

[ ]  Air fresheners, incense, aromatic candles, essential oils, etc.

If it is not specified, please tell us what you need below:

What content notices are important to you?

[ ]  Content on sexual violence.

[ ]  Content on gender violence.

[ ]  Content on child violence.

[ ]  Content on suicide and self-harm.

[ ]  Content on racial violence.

[ ]  Contents on ableist violence.

[ ]  Others.

What can the organisers of the activity do if I have an episode, crisis, collapse or meltdown?

What should the organisers of the activity not do if I have an episode, crisis, collapse or meltdown?

If you want, you can share the contact details of a person we might call if needed: Name/s and telephone/s:

Add any further details you might need (in relation to the previous points or others):

### **6. Personal assistance / Support person**

Do you need personal assistance/support?

[ ]  Yes

[ ]  No

Do you come with your assistant or support person?

[ ]  Yes

[ ]  No

If yes, do you need us to know anything about it?

If not, in what areas do you need support?

Add any further details you might need (in relation to the previous points or others):

### **7. Allergies and food**

Underline the appropriate elements for you. You can add any further details below.

[ ]  Specific needs in relation to the space dedicated to food (for example: being able to eat in a quiet space, to be provided the food if the space is crowded, or the need for a chair or a comfortable place to sit or eat, etc.).

[ ]  Food allergies.

[ ]  Dust allergies.

[ ]  Allergies to plants and/or flowers.

[ ]  Allergies to non-human animals.

If it is not specified, please tell us what you need below:

**After sending us this form we will contact you to clarify and confirm the information and continue the conversation in return this form we will contact you to continue with this collective process.**

**If you have any questions, requests, or comments, do not hesitate to contact us by email at produccio@laescocesa.org or telephone: 00(34) 93 165 00 20.**