**LEEDS 2023 Access Rider Template** Last updated: October 2022

**Introduction:**

An access rider, also sometimes called an access awareness statement, is a document that outlines an individual’s access needs. They are a useful resource that cuts down the amount of time and energy that has typically been needed when explaining personal access needs to an employer, colleague, mentor or anyone else that has a working relationship with an individual.

At LEEDS 2023, we encourage anyone who would benefit from sharing their access needs with us to submit an access rider so that we can be proactive in our support and implementation of any access requirements.

You are welcome to submit an access rider to LEEDS 2023 in whatever format you like (e.g., written, audio file, video recording, through conversation etc.). Below is an example of how a written access rider can be structured, and you are free to use this template if helpful. There may be bits of the template that you resonate with strongly, and other sections that may feel irrelevant to you. Please do delete/add/rearrange sections as you see necessary.

If you need support to complete an access rider, please reach out first to your primary contact at LEEDS 2023. They will then be able to signpost you to additional support as needed.

**Key:**

* *Grey italics* – guidance on how to complete the access rider.
* Yellow highlighted – sections that you need to complete and/or examples of what you might include.
* Black plain text – structural features of the access rider. Do edit these as you see necessary.

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| **ACCESS RIDER** |
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| **Name** | Your name |
| **Pronouns**  | Your pronouns – e.g., she/her, he/him, they/them etc. |
| **Date** | Today’s date |
| **Project** | The name of the LEEDS 2023 project you’re working on. |
| **Role** | Your role on the project e.g., producer, cast member, volunteer. |
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| **Overview** |
| This document has been created to help project partners, venues, and collaborators understand how they can support your name with regards to their access needs.This document is given to LEEDS 2023 confidentially. Should you wish to share it, please seek your name permission. |
| Email:  | Your email address |
| Telephone:  | Your telephone number  |
|  |
| **Definitions**  |
| *If you would like to, briefly list your disabilities and/or long-term health conditions.** **Condition** – description.
* **Condition** – description.

*It can be helpful if you provide details of how your condition(s) personally affects you day-to-day.**N.B This section can sometimes be a little contentious in the disability activism space as it can create a sense that access needs can only be justified through detailing a diagnosis (which may not be accessible in the first place). Some access riders include these, other do not. It is completely up to you whether you decide to share this information with LEEDS 2023. Your access needs will be honoured regardless of whether you complete this section.* |
| **Travel** |
| *Describe what travel arrangements LEEDS 2023 needs to make to support your participation, and if they need to contribute to any costs (e.g., taxis). This may include:** E.g., when and how can you use public transport options? Are there moments when you can’t?
* E.g., do you travel with a support/access worker or travel buddy?
* E.g., if someone else is booking transport on your behalf, do you have any specific requirements– e.g., quiet coach, forward-facing seat, step-free access, extra baggage allocation etc?

Wherever possible, clear directions to venues, car parks and/or accommodation needs to be given at least XXX days in advance. |
| **Working Conditions** |
| *Detail any working conditions or arrangements that need to be in place for you to work, including any rest or quiet space requirements. This may include:** E.g., send a clear overview and schedule of the day in advance of commencing work. Break times should be scheduled. Afternoons need to be kept clear. A full lunch hour away from desk is needed etc.
* E.g., agendas for meetings should be shared XXX days in advance. Participants should be mindful of talking over one another. Meetings should not exceed XXX minutes in length etc.
* E.g., working from home/flexible working arrangements should be available when written work is required. Turnaround times for written work should be communicated XXX days in advance.
* E.g., a quiet private room where I can lie down and rest should be available, with blanket and cushions. A private room with a yoga matt should be available so I can stretch etc.
* E.g., need help/unable to lift or carry heavy things.
* E.g., a BSL interpreter and/or live captions needs to be available in collaborative work settings.
* E.g., certain days in week/month/year need to be kept free for personal appointments etc.
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| **Communication Preferences**  |
| *Describe how collaborators can best communicate with you. This may include:** E.g., no communication over the phone, or only between certain times, or only on certain apps.
* E.g., in-person meetings where possible, or hybrid engagement should always be supported.
* E.g., only in the presence of a support/access work or assistant etc.
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| **Costs** |
| *If you need support costs covered financially by LEEDS 2023, then ask for these here. These may include:** E.g., Support worker/access worker/assistant day rate – give details of rate of pay.
* E.g., Support worker/access worker/assistant travel and accommodation requirements.
* E.g., Project-specific equipment that needs to be purchased – physical and/or digital etc.
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| **Marketing**  |
| Wherever my name is listed on your website or any marketing material, the access information for the event/building should be listed, e.g., step-free access, BSL interpretation, captioning, quiet spaces, audio description etc. |
| **Emergency Contacts** |
| Below are the details for two of my emergency contacts.*It can be useful to include details here of when emergency contacts (including emergency services) should and should not be contacted. For example, seizures may be typical for you, and therefore not require additional medical intervention. However, if they last longer than a certain time you may then require emergency services to be contacted, for example.* |
| Name: | Contact’s name |
| Relationship: | Relationship to you e.g., partner, parent, sibling, friend  |
| Telephone: | Contact’s telephone number |
| Email: | Contact’s email address |
|  |
| Name: | Contact’s name |
| Relationship: | Relationship to you e.g., partner, parent, sibling, friend  |
| Telephone: | Contact’s telephone number |
| Email: | Contact’s email address |
|  |
| **Further Reading** |
| *Include here any weblinks to information/resources that you think it would be useful for those who work with you to engage with (e.g., the social model of disability, spoon theory etc.).* |