



**Application Request for Key to the Changing Places facilities -  
Harlow Bus Station and Pets' Corner**

I confirm that I have been trained in the use of equipment inside the Changing Places facility and that I have read and understood the guidance.

Carer's Name and telephone number (please print) \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

Carer's Address \_\_\_\_\_  
\_\_\_\_\_

User's Name (please print) \_\_\_\_\_

Signed on behalf of the user \_\_\_\_\_

Date \_\_\_\_\_

User's Address \_\_\_\_\_  
\_\_\_\_\_

Do you give consent for your benefit information to be held by Harlow Council?

Yes / No (Please circle your answer)

Which address should the Changing Places Key be sent to?

User / Carer (Please circle your answer)

Please return your completed form, including evidence of the Disability Living Allowance (higher rate mobility component), to:

Michael Kelly  
Bus Station Supervisor  
Harlow Council  
Civic Centre  
The Water Gardens  
Harlow  
Essex  
CM20 1WG