

# Disability Awareness Instructor Course

## Application form



As a responsible organisation we make every effort to ensure the safety of all who take part in a Sailability Training Course. Please fully complete the form. If you are unsure about the answer to any question, please ask us to help.

Date of Disability Awareness Instructor Course \_\_\_\_\_

### Contact Information

Title: \_\_\_\_\_ Forename: \_\_\_\_\_ Surname: \_\_\_\_\_

Like to be known as: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Post code: \_\_\_\_\_ RYA Membership no: \_\_\_\_\_

Tel No (day): \_\_\_\_\_ (eve): \_\_\_\_\_

(minicom): \_\_\_\_\_ (fax): \_\_\_\_\_

Email address: \_\_\_\_\_

Which method of communication do you prefer: \_\_\_\_\_

Emergency Contact name: \_\_\_\_\_ Email: \_\_\_\_\_

Tel No (day): \_\_\_\_\_ (eve): \_\_\_\_\_

### Prerequisite and background information

Briefly describe any previous sailing experience and list any RYA qualifications:

---

---

How long and what experience do you have working with disabled children and adults?

---

---

Teaching Experience \_\_\_\_\_

---

---

Date of Disability Awareness Training Certificate \_\_\_\_\_

Special dietary requirements \_\_\_\_\_

For internal use only. Prerequisite check

By

Date

## Mobility background

We need information about your general access needs (if any) in order to ensure that any location chosen for a training course is suitable with regard to access, facilities, course materials and equipment.

---

### Mobility (please tick)

Full ambulant	<input type="checkbox"/>	Partially ambulant	<input type="checkbox"/>
Mobile only in a wheelchair	<input type="checkbox"/>	Wheelchair user, but can walk short distance	<input type="checkbox"/>

### Visual Impairment (please tick)

B1 totally blind	<input type="checkbox"/>	B2 can discern Light and Shapes	<input type="checkbox"/>	B3 some useful vision	<input type="checkbox"/>
------------------	--------------------------	---------------------------------	--------------------------	-----------------------	--------------------------

### Deaf

Please state percentage of remaining hearing \_\_\_\_\_

Do you sign or lip-read

YES	NO
-----	----

Which sign language do you use: \_\_\_\_\_

### Medical information:

Please give details of any illness (eg. Asthma, Epilepsy) and all medication

---

---

### Declaration

I \_\_\_\_\_ (name) declare that pages 1&2 of this form were completed on \_\_\_\_\_ (date) and I undertake to inform you of any change of circumstance which may affect my safety when participating in any Sailability organised course. I declare that the information and medical history is true to the best of my knowledge.

**Please return this completed form with cheque payable to RYA at RYA Sailability, RYA House, Ensign Way, Hamble, SO31 4YA**

For internal use only. Prerequisite check

By

Date