

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): _____

Group/Club Representing: _____

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"/>
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Deaf

Please state percentage of remaining hearing _____

Do you sign or lip-read

YES	NO
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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

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By

Date