



## Disability Awareness Training Application Form

As a responsible organisation we have to make every effort to ensure the safety of all who take part in a Sailability Training Course. It is very important that we have full information about you to enable us to take the correct action in an emergency (for example – prescribed drugs). If you are unsure about the answer to any question, please ask us to help.

**Course Venue:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Representing Club/Centre \_\_\_\_\_

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

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

\_\_\_\_\_  
Postcode: \_\_\_\_\_

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

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

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

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Can you swim? (please tick)

Yes

No

Have you any special dietary requirements: \_\_\_\_\_

Do you require course material in any specific format: \_\_\_\_\_

\_\_\_\_\_

We need information about general mobility 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	Can transfer	Cannot transfer
Mobile only in a wheelchair	Wheelchair user, but can walk short distance	

**Visual Impairment** (please tick)

B1 totally blind	B2 can discern Light and Shapes	B3 some useful vision
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**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

\_\_\_\_\_

**Information required in case of emergency only:**

Next of kin's name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

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

This form was 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.

Signed \_\_\_\_\_

**Please return this completed form to:**

**Connie Lebrun at RYA Sailability, RYA House, Ensign Way, Hamble, SO31 4YA**

**Email : [connie.lebrun@rya.org.uk](mailto:connie.lebrun@rya.org.uk)**