

## APPLICATION FOR CARD ADVISING OF A DISABILITY

Complete or Delete where necessary

I, (applicant's name, 18yrs or over) \_\_\_\_\_

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

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

**wish to apply for a Card Advising of a Disability for:** myself / my son / my daughter / my charge

Relation to card holder, if other than self: \_\_\_\_\_ (e.g. parent, guardian)

Full Name of Card Holder: \_\_\_\_\_ DOB: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

Nature and Details of disability: \_\_\_\_\_

\_\_\_\_\_

Equipment or Aid required for Exhibiting: \_\_\_\_\_

Doctors Name: \_\_\_\_\_ Medical Practice: \_\_\_\_\_

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

**PLEASE NOTE:** A Doctors Certificate detailing the disability and restriction it incurs, must be attached with this application.

**DISCLAIMER:** The RAS accepts no responsibility in issuing a Disability Card, or for a competitor competing at a RAS affiliated Show with the issued Card, or any equipment and/or aid used.

The card is a tool for exhibitors, who have a disability, to use when they are making their entry at a show/event giving a clear picture of their disability and any equipment they may need. Each show/event will have their own Health & Safety plan, and it is only the show/event that can make the decision to accept the entry or not.

**ACKNOWLEDGEMENT:** I understand if a card is issued it is merely advising the show the person has a disability, and any of circumstances, aids or equipment that may be required. I understand this must be submitted to any A&P Show/Event at the time of entry, so the A&P Show/Event can assess whether they are able to accept the entry (all A&P shows/Events have the right to refuse an entry).

**Signature of applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_ 200\_\_

### Office Use Only

Application Received on: \_\_\_\_\_

Referred to: \_\_\_\_\_ Confirmed on: \_\_\_\_\_ 200\_\_

ID Issued on: \_\_\_\_\_ ID Card Number: \_\_\_\_\_

