

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:** _____ 20__

Office Use Only

Application Received on: _____

Referred to: _____ Confirmed on: _____ 20__

ID Issued on: _____ ID Card Number: _____

