



**DRIVERS WITH DISABILITIES
APPLICATION FORM FOR CLASSIFICATION AND APPROVAL**

Any Driver with a Disability can apply to British Carriagedriving (BC) to use compensating aids or Other Reasonable Adjustments to assist them to participate in BC affiliated competitions. Please complete this Form and submit it to the BC Office at:

email@britishcarriagedriving.co.uk

Approval will be considered in accordance with the BC Protocol for any driver with a proven functional need arising from physical or neurological disorders.

To ensure prompt attention please ensure that all paperwork is provided along with the payment of £25 (cheques payable to British Carriagedriving), payment details below.

Payment is not required if you are a paying member of British Carriagedriving as Approval is a membership benefit (minimum of Club Membership).

A. Driver details:

Name:				
Tel:				
Email address:				
BC Member (please tick):	Yes	No	If yes, BC member no:	
Club Member	Yes	No	If yes, which Club	
Do you have an existing Para Classification (please tick)?	Yes	No	If yes, state Grade:	
	If yes, state if it is a National or International Grade:			
If seeking a temporary approval, for what time period are you seeking it				
State the level at which you wish to compete				
Medical Diagnosis:				

Upon receipt of this information, it will be considered by a Review Panel. To ensure prompt attention please ensure that all paperwork is provided. Your Application will be acknowledged by the BC Office within three weeks of receipt and you will be informed when the Review Panel is scheduled to meet. The outcome of the review will be notified to you as soon as practical thereafter.

D. Confirmations

In making this application I confirm:	
<p>a) I have attached the Mandatory attachments:</p> <ul style="list-style-type: none"> • Medical documentation from a GMC registered Medical Practitioner or Chartered Physiotherapist • Any other supporting material. 	
<p>b) I understand and accept the inherent risks associated with horse driving trials and I confirm that, in my opinion, the Compensating aids and Other Reasonable Adjustments are suitable for me, taking into account those risks, the nature of my disability and the characteristics of my turnout, including size, shape and experience.</p>	
<p>c) I give British Carriagedriving (BC) permission to share any information contained in this Application Form together with any of the attached mandatory attachments with members of the Review Panel dealing with the Application. The information will be held by BC in accordance with its data protection statement, a copy of which can be found on its website.</p>	
Date:	Driver's signature:
Name and signature of Guardian if Driver under 18	
Date of BACS transfer	

Payment details

If you do not have a **minimum of Club Membership**, please complete a BACs transfer of £25.

BACS: Account No: **20222783**

Sort Code: **82-11-07**

Bank: **Virgin Money (Clydesdale) Bank**

Account Name: **British Carriagedriving**

Please quote code: Dis and your surname