



Horsehay Village Golf Club
Wellington Road
Horsehay
Telford TF4 3BT



BUGGY REQUEST FORM

We want everyone to be able to take part in our competitions and, if you've got a medical reason, you can receive permission to use a golf buggy.

By submitting this form, you agree to comply with the Centre's policy on the use of buggies and consent to Horsehay Village Golf Club processing and storing the personal data contained herein for the purpose of administering competitions and processing your request to use a golf buggy.

This form should be submitted to the Club as part of a request to use a golf buggy in any competition organised by the Club. The form itself does not constitute proof of authorization to use a golf buggy in competitions.

Once you have completed the form, please return it to the club secretary. The committee will review your application and you will receive written confirmation and a certificate if you are able to use a buggy in club competitions.

A certificate shall be valid for the period specified and must be renewed at the same time as your golf membership each year.

Please note you cannot obtain permission to use a golf buggy for temporary injuries including broken bones, pulled or damaged muscles or ligaments, or any other injuries unless they have/will last more than 6 months.

PLAYER DETAIL

I, (Full Name) _____

Of (Address) _____

HVGC Membership Number _____

request the use of a golf buggy for Horsehay Golf competitions as a reasonable adjustment for a disability within the meaning of the Equality Act 2010. *

*A person has a disability if: -

(a) they have a physical or mental impairment, and

(b) the impairment has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities.

Please note, we require all the questions below to be answered in order for the Club to make a decision regarding your request to use a golf buggy. Circle or delete as appropriate:

1) Do you experience symptoms of, or suffer with, a physical or mental impairment?

YES / NO

2) Does your impairment have a substantial adverse effect on your ability to carry out day to day tasks?

YES / NO

3) Does your impairment have a substantial adverse effect on your ability to walk long distances, carry golf clubs, or otherwise play a round of golf?

YES / NO

4) Have you experienced symptoms of the impairment for a period of over 12 months?

YES / NO

5) Is your impairment permanent or temporary?

PERMANENT / TEMPORARY

6) If your impairment is temporary, is it expected to last longer than 12 months in total?

YES / NO

STATEMENT of TRUTH

I confirm that the information contained in this document is, to the best of my knowledge, a true and accurate reflection of my medical circumstances as of the date of this form.

I acknowledge that I may be disqualified, face penalties and/or sanctions, have the buggy certificate revoked, and or face disciplinary action if this form is deemed to be false or incorrect.

Signed _____

Date _____

Email _____

Phone No _____