*Personal Assistants will only be allocated to people with a long term disability as defined by The Equality Act 2010. However, each application will be considered individually and exceptional circumstances will be taken into account where necessary.*

**DISABLED PERSON**

OFFICE USE ONLY

Mr/Mrs/Miss/Miss/Other *(please circle)*

Surname:

First Name:

Address:

Postcode:

Daytime Telephone Number:

E-mail Address:

**I am a member of a Rugby Club or ERC First XV**

*(please circle)* **YES / NO**

Name of Club:

Membership Number Expiry Date:

*Please also enclose a copy of proof of your ERC First XV or Rugby Club Membership.*

**If you are under 16 please list your Date of Birth:**

*(Juniors must be accompanied by an adult at all times)*

**PERSONAL ASSISTANT**

*Please give a short explanation regarding your need for a personal assistant in order to be able to attend match days. Please provide as much information as you are comfortable with regard to how your physical or mental impairment affects your match day experience and your access to match day facilities.*

|  |
| --- |
| I DO / DO NOT attend match days in a wheelchair. *(delete as appropriate)* |

**COPY OF BLUE BADGE**

ENCLOSED ALREADY ON FILE I DO NOT HOLD A BLUE BADGE

**PRIMARY POINT OF CONTACT**

*If you have filled out this form on behalf of a disabled supporter and you should be the primary point of contact for us, please list your contact details below. Tickets and correspondence will be addressed to the disabled supporter, but sent “C/O” the person at the address listed below.*

Name Email Address

Address: Contact Number

Relationship to disabled supporter:

The RFU reserves the right to seek additional proof of disability where there is an element of reasonable doubt relating to the need for a personal assistant ticket.

By submitting this form, I agree that the above information is correct, and if there is any change in

my circumstances I will inform the RFU.

Signed: Date: