



For Office Use Only

Date of Receipt of Application form:  
/ /2021

## Disability Information Card Application Form

To be completed in **BLOCK LETTERS** by applicant. If the applicant is under 18 years of age or unable to personally complete this form, then a parent, guardian or authorised representative should complete this form on their behalf.

### Section 1: Applicant personal details

Full name in block letters:

Date of Birth: (DD/MM/YYYY)

Address\*:

Phone\*: (+350)

Email\*:

(\*This information will not appear on the card and will only be used to enable the Department of Equality to contact you solely in relation to the Disability Information Card.)

## **Section 2: Disability**

What is your disability?

Please tick accordingly

Dexterity impairment	
Learning impairment	
Speech impairment	
Deaf	
Hard of hearing	
Blind	
Partially sighted	
Mobility impairment	

Any other(s), please state:	

### **Section 3: Personal disability traits**

Please note below traits and number those applicable to you in order of importance.

1 being the most important, 2 being next in order of importance, etc... It may not be possible to include all selected traits due to Card size constraints. Below are a number of examples.

In the card it will say: "Due to my impairment I may:"

	Order of importance
Have difficulty in walking.	
Have difficulty in standing for a long period.	
Have difficulty in using stairs.	
Be easily confused with verbal communication.	
Need more than average personal space.	
Fidget and pace when nervous.	
Have difficulty in reading.	
Have difficulty in identifying images, items and people.	
Have difficulty in writing or holding small objects.	
Have difficulty when opening doors.	
Have difficulty picking up and carrying items.	
Have difficulty hearing verbal communication.	
Appear to ignore you.	
Have difficulty speaking.	
Hesitate in replying.	
Urgently need to use a toilet.	

<u>Any other(s), please state:</u>	Order of importance

## **Section 4: Personal requirements**

Please note below your personal requirements and number those applicable to you in order of importance. 1 being the most important, 2 being of next importance, etc... It may not be possible to include all selected requirements due to Card size constraints. Below are a number of examples.

In the card it will say: "I would like to cooperate, to help me, please:"

	Order of importance
Keep aisles and floor clear of any obstacles.	
Offer me a seat.	
Show me where the nearest lift is or attend to me somewhere more accessible.	
Be clear and unambiguous when giving me information/instruction(s).	
Respect my personal space, please do not touch me.	
Please advise before making any physical contact.	
Be patient and allow me time to calm down.	
Allow my Assistance Dog to accompany me.	
Offer me assistance in completing forms.	
Let me take documents with me and return on completion.	
Offer me literature electronically or in large print.	
Remember to include me in all conversations when my Personal Assistant is with me.	
Allow my Personal Assistant to accompany me.	
Offer me the use of a Hearing Loop.	
Offer to communicate using written notes.	
Provide a Sign Language Interpreter, if not possible now, later today or on another day.	
Ask me questions that only require me to nod or shake my head.	
Show me where the nearest toilet is.	

Any other(s), please state:	Order of importance

**Section 5: Emergency contact details**

Please state contact details of 2 persons who may be contacted on weekdays **and** weekends at **any** time of the day **or** night (24/7) in case of an emergency and/or to assist the applicant in communicating and/or in resolving a situation.

(1) Full name in block letters:

Phone Number: (+350)

Signature of emergency contact:

(2) Full name in block letters:

Phone Number: (+350)

Signature of emergency contact:

(The personal data in this section, excluding signatures, will be printed on the Disability Information Card).

## **Section 6: Privacy Notice**

Please read the Privacy Notice in reference to how the Department of Equality collates information about you, what we do with that information, why we do it, who we share it with and how we protect your privacy. The Privacy Notice can be found in the Ministry's website <https://www.gibraltar.gov.gi/department-equality>. A hard copy may also be requested via e-mail on [equality@gibraltar.gov.gi](mailto:equality@gibraltar.gov.gi) or by calling 20046253.

Please note that the Department of Equality may use the information submitted under sections 2, 3, and 4 of this form to produce statistics solely for the purposes of developing policies and improving the lives of people in Gibraltar. This information will be anonymised and will not be able to identify you in any way.

For more information on the use of statistics by the Department of Equality, please see our privacy notice on <https://www.gibraltar.gov.gi/department-equality>.

## **Section 7: Declaration**

This section is to be completed by the applicant or by their parent or guardian or authorised representative if the applicant is under 18 years of age or if unable to personally complete.

I declare that to the best of my knowledge and belief, the information I have provided is correct and complete.

Full name in block letters:

Signature:  Date:

Please state in what capacity you have signed:

Applicant

Parent

Guardian

Authorised Representative

## **Section 8: Confirmation by Medical Practitioner**

(This section is to be completed by a Gibraltar registered medical practitioner in respect of the applicant for the Disability Information Card.)

I hereby certify that the information contained in this form in relation to the applicant's disability is correct.

Signature of Medical Practitioner:  Date:

Name of Medical Practitioner in block letters:

Name of Medical Institution:

Stamp of Institution:

## **Section 9: Identification Documentation Required**

Please submit your completed application form, together with the following documents, to the Department of Equality, Suite 955, Europort.

- Valid Gibraltar Identity Card or Valid GHA Health Card (E111)\*
- One Passport size photo

\* Photocopies will be accepted on the proviso that both sides of the document are provided.

## **Section 10: Delivery or Collection of Disability Information Card**

We will do our utmost to process applications within 28 working days from receipt.

The Card is to be collected by applicant from Suite 955, Europort \*

Please state preference below:

Please contact me via email  
when ready for collection.\*

Please contact me on mobile (+350)  
when ready for collection.\*

\*The Card may only be collected by the person who has signed Section 7 of this application form in their capacity as applicant or parent or guardian or authorised representative.



## **Section 11: On receipt of Disability Information Card**

Full name of person collecting Disability Information Card, in block letters:

Signature:  Date:

Full name of person of whom you are collecting the Disability Information Card for, in block letters: