



For Office Use Only

Date of Receipt of Application form:
/ /20

RADAR Key for Accessible Toilet 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: 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 or by calling 20046253.

Section 2: Applicant personal details

Full name in block letters:

Phone: (+350)

Email:

Signature: Date:

Section 3: If you have completed Section 2 on behalf of the applicant please fill in your details below:

Full name in block letters:

Signature: Date:

Please state in what capacity you have signed:

Parent Guardian Authorised Representative

Section 4: Medical Practitioner

This section is to be completed by a Gibraltar registered medical practitioner.

I hereby certify that the applicant stated in Section 2 will benefit from having access to an Accessible Public Toilet after normal opening hours.

Signature of Medical Practitioner: Date:

Name of Medical Practitioner in block letters:

Name of Medical Institution: Stamp of Institution:

Section 5: Documentation Required

Please submit completed application form, together with applicant's valid Gibraltar Identity Card or valid GHA Health Card (E111) to the Department of Equality, 14 Governor's Parade.

A photocopy of submitted document will be accepted on the proviso that both sides of the document are provided.

Section 6: Collection of RADAR Key

Applications will be processed within 28 working days from the date of receipt.

The Department of Equality will maintain a stock of RADAR Keys. The process period may be affected by the availability of RADAR Keys from the supplier.

Please state:

Please contact me via email when the RADAR Key is ready for collection from 14 Governor's Parade.*

OR

Please contact me on mobile (+350)when the RADAR Key is ready for collection from 14 Governor's Parade.*

*The RADAR Key may only be collected by the person who has signed Section 2 or Section 3 of this application form in their capacity as applicant or parent or guardian or authorised representative.

Section 7: On receipt of RADAR Key

Full name of person collecting RADAR Key, in block letters:

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Signature: Date:

Full name of person of whom you are collecting the RADAR Key for, in block letters:

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