

APPLICATION FORM FOR DISPENSATION

Requests must be submitted to the British Dressage natasha.pearce@britishdressage.co.uk

Dispensation from British Dressage rules will be given to members with an impairment for a proven functional need according to rule 25 in the British Dressage Members Handbook 2023.

To ensure prompt attention please ensure that all paperwork is provided, including a copy of your most recent **classification score sheet (if you are classified as a para rider)** and or **medical diagnostic paperwork**. Classification score sheets can be obtained from Felicity Towers at the BEF. Felicity.towers@bef.co.uk

**Athlete details:**

|  |  |
| --- | --- |
|  **Name:** |   |
|  **Tel:** |  |
|  **Email address:** |  |
|  **BD Member (please tick):**  | **Yes** |  **No** |  **If yes, BD member no:** |  |
| **Do you have a Para Classification Grade (please tick)?** |  **Yes** |  **No** |  **If yes, state Grade:** |  |
| **If yes, state if it is a National or International Grade:** |  |
| **State the level you will be competing at:** |  |
|  **Medical Diagnosis:** |  |

**Dispensation request details**

Dispensation certificates required to be renewed periodically which will be stated on your Dispensation Certificate, unless the condition is deemed to be permanent. The dispensation will then be open-ended.

There are specific Compensating Aids are issued for a given period.

|  |  |  |
| --- | --- | --- |
|  **Have you been granted Dispensation previously?**  |  **Yes** |  **No** |
|  **List the Compensating Aids being requested based on your functional needs** |
|  |
|  **State detailed reasons why you are claiming dispensation benefits** |
|  |
|  **Additional comments** |
|  |

Upon receipt of this information, it will be considered by our Dispensation Panel and your certificate will follow within 3 weeks. To ensure prompt attention please ensure that all paperwork is provided.

|  |
| --- |
|  Mandatory attachments: * **Copy of full score sheet from most recent classification (if you are classified as a para rider)**
* **Medical documentation from a GMC registered Medical Practitioner or Chartered Physiotherapist**
* Any other supporting material.
 |
|  Date:  |  Athlete’s signature:  |