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APPLICATION FORM FOR DISPENSATION FOR JOINED REINS

Requests must be submitted to the British Dressage [natasha.pearce@britishdressage.co.uk](mailto: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** and **medical diagnostic paperwork**. Classification score sheets can be obtained from Felicity Towers at the BEF. [Felicity.towers@bef.co.uk](mailto:Felicity.towers@bef.co.uk)

**Athlete details:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | | |
| **Tel:** |  | | |
| **Email address:** |  | | |
| **BD Membership number** |  | | |
| **Please state your Para Classification Grade and status:** | **State Grade:** |  | |
| **Is this a National or International Classification?** | |  |
| **State the level at which you will be competing:** |  | | |
| **Medical Diagnosis:**  This must be supported by independent diagnostic information from a medical professional |  | | |

**Dispensation request details**

Dispensations for joined reins will only be approved for athletes that have a formal classification either through the FEI or Nationally and evidence must be provided of missing digits/parts of their arms.

If approved, the dispensation will be considered permanent, and the certificate date will be open ended.

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| --- | --- | --- |
| **Have you been granted Dispensation previously?** | **Yes** | **No** |
| **State detailed reasons why you are claiming dispensation benefits for joined reins** | | |
|  | | |
| **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** * **Medical documentation from a GMC registered Medical Practitioner or Chartered Physiotherapist** * Any other supporting material. | |
| Date: | Athlete’s signature: |