Chipping Sodbury Golf Club

Disability Buggy Request Form

By submitting this form, you agree to comply with the Chipping Sodbury Golf Club Buggy Policy, and you consent to Chipping Sodbury Golf Club processing and storing the personal data contained herein for the purpose of administering competitions and processing your request to use a golf buggy.

This form should be submitted to Chipping Sodbury Golf Club as part of a request to use a golf buggy. Successful applicants will receive a buggy tag from Chipping Sodbury Golf Club as proof of their authorisation to use a golf buggy on the course and in competitions.

Please note that you cannot obtain permission to use a golf buggy for temporary injuries including broken bones, pulled or damaged muscles or ligaments, or any other injuries unless they have / will last more than 12 months. Full application will need to be made to the General Manager.

A buggy tag shall be valid for the duration of the period on the buggy tag.

Player's Details

I, (Name) _____

Of (Address) _____

England Golf CDH Number _____

request the use of a single ride on golf buggy for use at Chipping Sodbury Golf Club events as an adjustment for a disability within the meaning of the Equality Act 2010 for the following event:

Signed _____

Date _____

Approved 15th September 2025

Please note that we require all off the questions below to be answered to in order to make a decision regarding your request to use a golf buggy. Circle or delete as appropriate:

1) Do you experience symptoms of, or suffer with, a physical or mental impairment?

Yes / No

2) Does your impairment have a substantial adverse effect on your ability to carry out day to day tasks?

Yes / No

3) Does your impairment have a substantial adverse effect on your ability to walk long distances, carry golf clubs, or otherwise play a round of golf for 9 holes?

Yes / No

4) Have you experienced symptoms of the impairment for a period of over 12 months?

Yes / No

5) Is your impairment permanent or temporary?

Permanent / Temporary

6) If your impairment is temporary, is it expected to last longer than 12 months in total?

Yes / No

7) Do you have a disabled blue badge?

Yes / No

8) Do you receive disability benefits?

Yes / No

9) Do you hold an insurance policy for a single rode on buggy?

Yes / No

10 Please can you confirm any medications that are taken, that we should know off in the case of an emergency whilst on the course

<u>Statement of Truth</u>

I confirm that the information contained in this document is, to the best of my knowledge, a true an accurate reflection of my medical circumstances as of the date of this form.

I acknowledge that I may be disqualified, face penalties and sanctions, have the buggy certificate

revoked, and / or face disciplinary action if any information in this form is deemed to be false or incorrect.

Signed _____ Date _____

Email _____ Phone _____

Please complete and return this form:

By Email: info@chippingsodburygolfclub.co.uk or

By Post: Chipping Sodbury Golf Club, Trinity Lane, Chipping Sodbury, Bristol BS37 6PU