MIDDLESEX GOLF BUGGY REQUEST FORM

To be completed by the player:

Name: _____

Address: _____

_____

_____

Email address: _____

Telephone no: _____

Date of application: _____

I request the use of a golf buggy during the following event:

Competition: _____

Date of competition: _____

I am requesting use of a buggy for the following reason(s):

(Please state medical diagnosis and information on condition):

Details of condition:

Signed _____ **Date** _____ **Phone No.** _____

Please attach a valid medical certificate which should include the information shown on the attached Example Medical Certificate.

EXAMPLE MEDICAL CERTIFICATE

To be completed by the player's medical representative: Please can you complete the following in order to give us your opinion as to why the named player needs to use transportation (a golf buggy) to play golf?

Name:

Principal diagnosis:

Symptoms experienced by player: Likely duration of condition:

I, Dr (Name) _____

of Address / practice stamp _____ _____

certify that I have assessed the above named person, and that I am of the opinion that the player has the above named disability, within the meaning of section 6 of the Equality Act 2010.

Signed _____ Date _____ Phone No. _____

Please note any expense incurred for completion of this form by a doctor is the responsibility of the player. This Medical Certificate constitutes a medical confirmation of disability and is to be read in conjunction with the Middlesex Golf Transportation Policy. The information provided may be reviewed by Middlesex Golf Committee to assess the validity of the request. This Medical Certificate is only valid for the duration of the Middlesex Golf event for which a request is made, unless otherwise agreed by Middlesex Golf Executive Committee.

MIDDLESEX GOLF