



## Disability

|  |                          |                                  |                          |
|--|--------------------------|----------------------------------|--------------------------|
| <b>Do you have a disability? (Yes/No)</b>  |                          |                                  |                          |
| When answering this question please note that under the Disability Discrimination Act 1995 a disability is defined as 'a mental or physical impairment that has a substantial and long term adverse effect upon your ability to carry out normal day-to-day activity.' Please tick the description(s) that best describe your impairment |                          |                                  |                          |
| <b>Dyslexia</b>  | <input type="checkbox"/> | <b>Sight impediment/blind</b>    | <input type="checkbox"/> |
| <b>Hearing impediment/deaf</b>   | <input type="checkbox"/> | <b>Mental health condition</b>   | <input type="checkbox"/> |
| <b>Wheelchair user</b>   | <input type="checkbox"/> | <b>Other mobility difficulty</b> | <input type="checkbox"/> |
| <b>Other disability (please specify)</b>   |                          |                                  |                          |
| <b>Is there anything we need to know about your disability in order to place you with a suitable school?</b>   |                          |                                  |                          |
|  |                          |                                  |                          |

## Training

|  |                                     |                 |                                    |
|--|-------------------------------------|-----------------|------------------------------------|
| <b>Please choose one of the following training sessions to attend:</b> |                                     |                 |                                    |
|  | <input checked="" type="checkbox"/> |                 |                                    |
| <b>Wednesday 19<sup>th</sup> October</b>                               | <input type="checkbox"/>            | <b>5-8.30pm</b> | <b>RGS-IBG, Kensington, London</b> |
| <b>Friday 21<sup>st</sup> October</b>                                  | <input type="checkbox"/>            | <b>1-4pm</b>    | <b>University of Chester</b>       |
| <b>Tuesday 8<sup>th</sup> November</b>                                 | <input type="checkbox"/>            | <b>5-8.30pm</b> | <b>RGS-IBG, Kensington, London</b> |
| <b>Wednesday 30<sup>th</sup> November</b>                              | <input type="checkbox"/>            | <b>5-8.30pm</b> | <b>RGS-IBG, Kensington, London</b> |

## Declaration

By becoming an active participant in the Geography Ambassador Project I commit to undertake at least one ambassador visit over the coming year. To the best of my knowledge the information I have provided on this form is accurate and I will inform the RGS-IBG quickly if the details change. Please let us know if your details change. Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form to:  
Simon Faulkner, Education Department, RGS - IBG, 1 Kensington Gore, London, SW7 2AR or to  
[s.faulkner@rgs.org](mailto:s.faulkner@rgs.org)