Supported Needs &
Disability Office

Disability Information Card Application Form

HM Government of Gibraltar
Ministry of Equality, Employment, Culture and Tourism

Supported Needs & Disability Office

To be completed by in BLOCK LETTERS by applicant. If the applicant is under 18 years of age or unable to personally complete this form, then a parent, guardian or authorised representative should complete this form on their behalf.

The purpose of this form is to allow the Supported Needs and Disability Office to create a Disability Information Card for the applicant. For these purposes, the Supported Needs and Disability Office is required to collect personal information so that the information on the card is appropriate to the individual.

It is important to note that some of the information you provide on this form will also be used for statistical purposes to provide a better insight into the disability landscape of Gibraltar. This office may therefore need to share some of this information with other government officials and / or third parties deemed appropriate and necessary by the Supported Needs and Disability Office. The data will be shared anonymously and confidentially.

All electronic data will be stored securely on password protected electronic devices and all paper documents will be stored in a locked filing cabinet which sits inside a locked office.

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Section 1: Applicant Personal Details

1. Full Name:

2. Date of Birth:

3. Gender: Male ☐ Female ☐ Non-binary ☐
Other ☐ Prefer not to say ☐

4. Address:

5. Phone Number:

6. Email:

7. Preferred Contact:

Phone ☐ Whatsapp ☐ Email ☐

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Section 2: Applicant Disability Information

1. Please list all diagnoses:

1a.If you have not yet received a diagnosis please check here: ☐

2. How does this affect you? (tick all that apply):

Behavioural Issues	
Cognitive Impairment	
Continence Issues	
Deaf	
Dexterity Impairment	
Hard of Hearing	
Learning Impairment	
Mental Health Issues	
Mobility Impairment	
Registered Blind	
Sleep Issues	
Speech Impairment	
Visual Impairment	

3. Do you use any assistive equipment/technology/ communication? (tick all that apply):

Audio Notifications		Makaton	
Braille		Mobility Aids	
BSL		Oxygen Canister	
Carers (Government)		Pacemaker	
Carers (Private		PECS	
Catheter		Proloquo (or similar)	
Cochlear Implant		Prosthesis	
Continuous Glucose Monitor		Screen Readers	
Defibrillator		Stoma Bag	
Eye Tracking System		Vibrating Alarms	
Feeding Peg		Visual Alarms	
Hearing Aid		Wheelchair (Electric)	
		Wheelchair (Manual)	

Other (please specify)

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Section 3: Applicant Disability Traits

The below information will be used to create your Disability Information Card. Please select only what you want to appear on the card and number them in order of importance (e.g. 1 appearing on the top of the list, followed by 2 etc.).

Due to card size constraints, it may not be possible to include everything that is selected.

1. What traits would apply to you? (note: in the card it will say "Due to my impairment I may:" followed by your selections)

Have difficulty in walking	
Have difficulty in standing for a long period	
Have difficulty using stairs	
Be easily confused with verbal communication	
Need more than average personal space	
Fidget and pace when nervous	
Have difficulty in reading	
Have difficulty in identifying images, items or people	
Have difficulty in writing or holding small objects	
Have difficulty when opening doors	
Have difficulty picking up and carrying items	
Have difficulty hearing verbal communication	
Appear to ignore you	
Have difficulty speaking	
Hesitate in replying	
Urgently need to use the toilet	

Any other(s), please state:	

2. What personal requirements would apply to you? (note: in the card it will say “I would like to cooperate, to help me please:” followed by your selections)

Keep aisles and floors clear of any obstacles	
Offer me a seat	
Show me where the nearest lift is or attend to me somewhere more accessible	
Be clear and unambiguous when giving me information/ instruction(s)	
Respect my personal space, please do not touch me	
Advise before making any physical contact	
Be patient and allow me to calm down	
Allow my Assistance Dog to accompany me	
Offer me assistance in completing forms	
Let me take documents with me and return on completion	
Offer me literature electronically or in large print	
Remember to include me when my Personal Assistant is with me	
Allow me Personal Assistant to accompany me	
Offer me the use of a Hearing Loop	
Offer to communicate using written notes	
Provide a Sign Language Interpreter, if not possible now, later today or on another day	
Ask me questions that only require me to nod or shake my head	
Show me where the nearest toilet is	

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Any other(s), please state:	

3. What symbols would apply to you? (up to 4)

Accessible Toilet ☐

Urgently Need To Use Toilet ☐

Mobility Impairment ☐

Dexterity Impairment ☐

Requires Carer(s) ☐

Difficulty Queuing ☐

Hearing Issues/ Hearing Aid ☐

Uses British Sign Language ☐

Assistance Dog ☐

Mental Health Issues ☐

Speech Issues ☐

Miscellaneous ☐

Learning/ Cognitive Impairment ☐

Visual Impairment/ Blind ☐

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Section 4: Emergency Contact Details

Please state contact details for up to 2 persons who may be contacted weekdays **and** weekends at **any time** of the day or night (24/7) in case of an emergency and/or to assist the applicant in communicating and/or resolving a situation.

Full Name:

Phone Number:

Signature of emergency contact:

Full Name:

Phone Number:

Signature of emergency contact:

(The personal data in this section, excluding signatures, will be printed on the Disability Information Card

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Section 5: Additional Information

1. Are you in Education? Yes ☐ No ☐

1a. If you have answered yes, please state which school/university you attend? ☐

2. Do you hold a valid driving license: Yes ☐ No ☐

2a. If you have answered yes, please state which categories: ☐

2b. Do you drive: Yes ☐ No ☐

3. Employment Status: Employed ☐ Unemployed ☐
Supported Employment ☐ Retired ☐

4. Are you employed by HM Government of Gibraltar? Yes ☐ No ☐

5. How many hours do you work weekly? ☐

6. Job Title? ☐

7. Type of Work (tick all that apply):

Standing ☐	Sitting ☐	Remote ☐	Driving ☐
Manual Labour ☐	Walking ☐	Hybrid ☐	Talking ☐
Reading/ Writing (Physical) ☐	Reading/ Writing (Digital) ☐		

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Section 6: Declaration

This section is to be completed by the applicant or by their parent, guardian, or authorised representative if the applicant is under 18 years of age or unable to personally completed.

I declare that to the best of my knowledge and belief, the information I have provided is correct and completed.

Full Name: _____

Signature: _____

Date: _____

Please state in what capacity you have signed:

Applicant	Parent	Guardian	Authorised Representative
☐	☐	☐	☐

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Section 7: Confirmation by Medical Practitioner

This section is to be completed by a professional registered with the Gibraltar Medical Registration Board:

I hereby certify that the information contained in this form in relation to the applicant's diagnosis and needs is correct:

Name:

Signature:

Date:

Stamp of Institution:

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Section 8: Identification Documentation Required

Please submit your completed application form, together with the following documents, to the Supported Needs and Disability Office, Suite 925 Europort.

- Valid Gibraltar Identity Card or Valid GHA Health Card*
- One Passport/ID size photo

*Photocopies will be accepted if both sides of the document are provided