



Equality questionnaire

The Canal & River Trust is committed to promoting equality for people with protected characteristics under the Equality Act 2010. We have a specific process for making reasonable adjustments to our normal cruising requirements for disabled boaters. "Disability" is defined in the Act as a physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities. An impairment is "long-term" if it has lasted for at least 12 months, it is likely to last for a least 12 months, or it is likely to last for the rest of that person's life.

Full details about this policy can be found on our website at <https://canalrivertrust.org.uk/media/original/34378-equality-act-reasonable-adjustment-policy.pdf>

This questionnaire has been designed to help you tell us about your physical and mental health, cognitive and intellectual difficulties, and how these affect your abilities to use your boat

The Canal & River Trust will use the information you provide to consider your request for an adjustment to the requirements of your boat licence.

What you need to do

Please answer all the questions on this form so we can have a full picture of your situation. If you do not answer some of the questions it may be more difficult for us to reach a decision on your requested adjustment. Please use black ink and write your answers as clearly as possible.

Send copies of any medical or other information **you already have**, that tells us how your health conditions, illnesses or disabilities affect your ability to move your boat. We tell you which types of information we find helpful on **Page 7** of this form.

We don't need you to get any new or specially prepared information and we can't refund any costs involved if you do get this.

We might contact your own healthcare professionals if we need more information to help us make the right adjustment, so it's important that you send anything **you already have**. We ask you for permission to contact your GP or other specialist later in this form.

Please send your completed form, and any other information, by the date we have advised in the covering letter.

If you need help filling in the form, you can:

- ask a friend, relative, carer or representative such as a support worker to help you;
- get in touch with your local Citizens Advice for help and advice;
- call Customer Services on 0303 040404, let them know which area your boat is in, and a member of the team will call back to arrange a suitable time to talk you through the questions over the phone.

If you need to give us more information on a separate sheet of paper, please ensure you put your name, signature, boat name and index number on each page.

If you don't fill in and return the form to us we may continue with our standard processes, including enforcement action.

About you (person requiring the adjustment(s))

| | | | | | |
|-----------------------|--|------------|--|-------|--|
| Surname | | First Name | | Title | |
| Postal Address - Road | | | | | |
| Town | | Postcode | | | |
| Phone | | Mobile | | | |
| Email | | | | | |
| DOB | | | | | |

About your boat(s)

| | | | |
|---------------|--|-----------|--|
| Boat Index No | | Boat Name | |
|---------------|--|-----------|--|

About your boating

Which of the following options best describes how you use your boat(s) most of the time?
Please select one answer only

- I cruise the waterways in my leisure time
- As a holiday home
- As a temporary home where I live when at work
- As a second home where I live for extended periods/ as an alternative to my main residence
- As a permanent home
- As a place of work
- Other (please specify) _____

About your disability(s)

| Please tell us about your disability(s) | Has it been formally diagnosed? | How long have you had this condition? |
|---|---------------------------------|---------------------------------------|
| | | |
| | | |
| | | |

How your disability affects you

Do you use any aids to help you move around? YES / NO
 If YES, which of the following aids do you use:

- manual wheelchair
- electric wheelchair / scooter
- crutches
- walking stick
- walking frame
- other _____

| If you have a disability which prevents you doing any of the following, or means that you find any of the following more difficult, please explain | |
|---|--|
| • walk along uneven ground | |
| • climb on / off your boat | |
| • walk up / down a slope | |
| • walk up / down steps | |
| • operate a manual lock paddle | |
| • open / close a lock gate | |
| • throw / catch a mooring rope | |
| • tie up your boat | |
| • put in / take out mooring pins | |
| • use a lock ladder | |
| • operate a manual bridge | |
| • learn how to do new everyday tasks | |
| • stay safe without supervision | |
| • manage to plan your day | |
| • cope with changes to your routine | |
| • go out to places you know | |
| • go out to new places | |
| • behave in a way which doesn't upset people | |

If there is anything else where your disability affects your use of the waterways, please provide more details in this box.

Explain what current support you have from family, friends or professionals in relation to your use of your boat.

About treatment you may be having

Use this section to tell us about any hospital, clinic or other treatments or therapies, like dialysis or rehabilitation treatment, you are having or expect to have in the near future.

| Treatment | Location | Frequency | When is it due to start |
|-----------|----------|-----------|-------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

About your daily routine

If relevant, please explain the difficulties you encounter and the support you require to carry out aspects of your daily routine - e.g. help with dressing

About your work / study

In your own words, explain the nature of your work/study (if any), a breakdown of tasks, the physical and mental demands (including travel and means of transit) and what adjustments have been made in respect of work/study

Explain what access to transport you have

Explain what transport is used for both daily tasks, such as shopping, and when attending medical appointments.

About the adjustment being requested

Things you may ask us to consider:

- Reducing your cruising range - describe the overall range and why you are limited to this area
- Changing the pattern of movement - describe why you need to change the frequency of movement
- Giving permission to stay longer than the stated stay time - explain why you need to stay longer and how long you need
- Other (please describe below)

Please explain **WHAT** adjustment you want the Trust to make for you. Please provide as much detail as possible.

Now please explain **WHY** this adjustment will help. Again, please provide as much detail as possible.

Finally, please explain **WHERE** you want the adjustment to cover. Please provide as much details as possible e.g. place names to identify ranges of movement, visitor mooring site name you want to stay longer at etc.

About your GP or doctor's surgery

Please tell us about your GP (doctor). If you don't know your GP's name, tell us the name of your doctor's surgery. Sometimes we will need to contact them to ask for medical or other information that tells us how your health conditions, illnesses or disabilities affect your ability to do things, especially if this relates to your ability to move your boat. We ask you for permission to contact your GP later in this form. We might contact your own healthcare professionals if we need more information to help us make the right adjustment, so it's important that you send anything **you already have**. We ask you for permission to contact your GP or other specialist later in this form. so it's important that you send us anything you already have.

| | | | |
|-------------------|--|---------|--|
| Dr Name | | Surgery | |
| Address - Road | | | |
| | | | |
| Town | | | |
| Postcode | | | |
| Phone | | | |
| Email | | | |

About other professionals or carers who know the most about your health conditions, illnesses or disabilities

Please give us details of the healthcare professional who knows the most about your health conditions, illnesses or disabilities and the impact they have on your ability to do things when you are most unwell, especially your ability to move your boat. Sometimes we will need to contact them to ask for medical or other information that tells us how your health condition, illness or disability affects your ability to do things. We ask you for permission to contact them later in this form. We only need to contact your healthcare professional if we need more information to help us make the right decision about an adjustment, so it's important that you send us anything you already have.

For example:

- consultant
- specialist doctor
- psychiatrist
- physiotherapist
- occupational therapist
- specialist nurse, eg community psychiatric nurse
- social worker
- support worker/organisation

| | | | | | |
|-------------------|--|------------|--|-------|--|
| Surname | | First name | | Title | |
| Job Title | | | | | |
| Organisation | | | | | |
| Address - Road | | | | | |
| | | | | | |
| Town | | Postcode | | | |
| Phone | | | | | |
| Email | | | | | |

About benefits you may be receiving

An adjustment is not dependent on your receipt of benefits. However, if you let us know about any benefits you are receiving, this may support your request and may provide an opportunity for signposting additional support.

| Type of benefit | Has this been awarded or just applied for? |
|-----------------|--|
| | |
| | |
| | |
| | |

You can check if you are entitled to claim benefits by visiting the following websites: <https://www.turn2us.org.uk/> or <https://www.entitledto.co.uk/>. An advice support factsheet is available on our website <http://www.canalrivertrust.org.uk/ccmonitoring>

About medical or other information you may already have

Please only send documents which are specifically about you and your condition(s). Remember, only send us copies of information you already have. Don't ask or pay for new information and do not send the originals.

Reports, care or treatment

- Plans from:

- GPs
- hospital doctors
- specialist nurses
- occupational therapists
- physiotherapists
- social workers
- support workers
- counsellors or carers
- community psychiatric nurses
- learning disability support teams

- Medical test results including:

- scans
- audiology
- the results of, but not the x-rays themselves

Things like:

- your current prescription list
- your statement of special educational needs
- epilepsy seizure diary
- your certificate of visual impairment.
- medical certificates (e.g. fit notes)
- benefit letters (the decision and the medical information and assessment on which it was based)
- appointment letters

Things we **don't** need to see:

- General information about your medical conditions that are not about you personally
- Photographs
- Fact sheets about your medication
- Internet printouts

Additional information

Is there any else which you haven't mentioned so far that we need to consider? If so, please provide details below.

If you need to give us more information on a separate sheet of paper, please put your name, signature, boat name and index number on each page.

Support with your adjustment request

If you want us to deal with somebody else in relation to your adjustment request please ensure you tick the relevant box in the declaration at the end of the form and provide their details here:

| | | | | | |
|------------------------|--|------------|--|-------|--|
| Surname | | First Name | | Title | |
| Company / Organisation | | | | | |
| Address Road | | | | | |
| Town | | Postcode | | | |
| Phone | | Mobile | | | |
| Email | | | | | |
| Relationship to you | | | | | |

Declaration – Please make sure you **tick all relevant boxes** otherwise we will not be able to process your request and may have to return this to you to complete

- I declare that I have read and understand the notes at the front of this form and that the information I have given on this form is correct and complete.
- I understand that I must promptly report all changes in my circumstances which may affect my entitlement to an adjustment and failing to do so may mean the adjustment is withdrawn immediately
- I consent to the Canal & River Trust applying to my GP and other health professionals/carers named within this questionnaire for a medical report
- I consent to the Canal & River Trust dealing with the individual named above in relation to all aspects of this adjustment request

You must sign this form yourself if you can, even if someone else has filled it in for you.

Signature _____ Date dd/mm/yyyy

What to do next

Ensure you have **ticked** and **signed the declaration**

Ensure you are only sending **copies** of information (not the originals)

Ensure your **name**, **index** and **boat name** are written on all additional pieces of paper

Send this completed and signed form in the prepaid envelope provided to:

**Equality questionnaire, Boat Licence Customer Support, Canal & River Trust,
First Floor North, Station House, 500 Elder Gate, Milton Keynes MK9 1BB**

or email with attachments to: adjustments@canalrivertrust.org.uk

What happens next

- as soon as we receive the completed questionnaire and supporting documents we will scan them onto our system and return everything to you;
- we will carry out an initial review and we may need to contact you if we need further clarification or information;
- we may need to contact your GP or other people you have listed for further information;
- we may invite you to attend a face to face assessment.

If we write to your GP or other specialist we will tell you. They may contact you directly to ask for permission to release information to us. We would be grateful if you could ensure that permission is given as soon as possible as it may delay us dealing with your request for adjustment if you do not do so.

Once we have received all relevant information we will consider your request for adjustment and confirm our decision. If we are unable to agree the adjustment you have requested, you will have the ability to request reconsideration and we will inform you at that stage how to do this.

Privacy statement

At the Canal & River Trust we take the safety and security of your personal information seriously and comply with the General Data Protection Regulations. The Canal and River Trust are the data controller for the information which you are providing on this form. You can contact our Data Protection Officer at Information.Request@canalrivertrust.org.uk if you have any concerns regarding how we will or have handled your personal data. We will be using the information which you supply on this form for the purpose of deciding what adjustment can be agreed in accordance with our duties under the Equality Act 2010, and this is necessary to perform a public task. We will not share this information with any third parties unless other laws or regulations make it necessary to do so. The information will be kept for 12 months after the end of the adjustment after which it will be securely destroyed. You have a right to request access to, erasure, and rectification of your personal data.

You also have the right to object to, and restrict, the processing of your personal data. To exercise any of these rights, please email Information.Request@canalrivertrust.org.uk. If you are unhappy with the response of the Trust, then you have a right to complain to the Information Commissioner's Office. Please visit their website <https://ico.org.uk/> for more information. You can find our full privacy notice on our website <https://canalrivertrust.org.uk/cookie-and-privacy-policy>. If you do not have access to the internet, require the information in a different language or format, or would like the postal contact details please call our Customer Service Centre on 0303 0404040 who would be happy to help.