



Request for reasonable adjustment to licence conditions.

We have a specific process for making reasonable adjustments to our licence requirements if you have a long-term health condition or disability.

“Disability” is defined in the Equality Act 2010 as a physical or mental impairment which has a substantial and long-term adverse effect on your 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 your life. For this reason, we refer to 'disability' throughout this form. When we refer to your condition we mean your disability within the meaning of the Equality Act 2010.

Full details about our policy can be found on our website:

<https://canalrivertrust.org.uk/media/original/34378-equality-act-reasonable-adjustmentpolicy.pdf>

This questionnaire has been designed to help you tell us about your disabilities or conditions and how they affect your ability to use your boat.

Please read our FAQs at the end of this document prior to completing the form.

We will use the information you provide to consider your request for an adjustment to the requirements of your boat licence and whether it is reasonable and meets your needs. We also ask for your permission to contact your GP or healthcare professionals **if** we need more information to help us make the right adjustment for you.

This could be one or more of the following “healthcare professionals”:

- GP
- consultant or other hospital doctors
- specialist nurses or doctors
- occupational therapists
- physiotherapists
- social workers
- support workers
- counsellors or carers
- community psychiatric nurses
- learning disability support teams
- psychiatrist or psychologist
- any other professional who supports you with your disability or condition



What you need to do:

1. **Answer all the questions on this form.** Please use black ink (as this helps us to ensure your form scans correctly) and write your answers as clearly as possible. Please don't leave any spaces blank, as this may mean that we send the form back to you. If a question doesn't apply to you, please write this on the form.
2. **Send us the latest copies of any relevant documentation from a health professional that explains your diagnosis or condition and how these** affect your ability to move your boat. If the information that you already have is not up-to-date, we may ask for further detail. We may be able to help with any cost associated with obtaining new information from your GP or healthcare professional. Please speak to us before you agree any payment for new medical notes or letters. If you genuinely believe a document is not relevant to your request you do not have to provide it, but please remember that any supporting documents you are able to provide will help with our decision making.

Documents that may be useful:

- Relevant letter or medical certificates that include details of the diagnosis of your condition from a GP or other healthcare professional
- reports, care or treatment plans from your GP or other healthcare professional.
- your certificate of *vision or sight* impairment
- other relevant medical certificates
- medical information and assessment on which any decision regarding any benefits payable was based, for example a PIP assessment letter
- GP or healthcare professional appointment letters for current/future appointments

Documents we don't need:

- General information about your medical conditions that are not about you personally (for example fact sheets and internet printouts)
- Photographs
- Original documents, including x-rays and scan prints.
- Historic GP or healthcare professional appointment letters
- Detailed medical test results
- Your current prescription list.

3. **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 us for help - call Customer Services on 0303 0404040, let them know which area your boat is in, and a member of the team will call back to arrange suitable assistance
- 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

If you need more than the space provided to explain your circumstances, you can write on the back of the pages in this form. If you send us any documentation in support of your request, please make sure you put your name, 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 (the person needing the adjustment)

Title	
First name	
Surname	
Postal address including post code	
Phone	
Mobile	
Email	
Date of birth	

Tell us about your disabilities or conditions

These questions help us understand your condition. If you need more space, please use the back of the form.

Disability or condition	When was it formally diagnosed? (if you have a letter confirming the diagnosis please send us a copy)



Tell us about how your disability or condition affects you.

This helps us understand how your ability to continuously cruise is affected by your disability or condition.

In this section, tell us about the things you find difficult. If your disability or condition means you find the following things difficult or cannot do any of them, please describe how they are made difficult, whether you need medication, aids or appliances (for example walking stick, walking frame, manual or electric wheelchair) to do any of them or how your disability or condition means you can't do them at all. If you can do them sometimes and not others, please explain how often you are not able to do them. If you have help from family, friends or professionals to do these things tell us who helps you and how often. (If you need to give us more detail please write on the back of this page).

Walking whilst on flat ground or on your boat	
Walking whilst on uneven ground	
Getting on or off your boat	
Operating a manual lock paddle	
Opening or closing a lock gate	
Tying up your boat	
Throwing or catching a mooring rope	
Putting in or taking out mooring pins.	



Using a lock ladder	
Operating a manual bridge (for example a swing)	
Coping with changes to your routine	
Going to new places	
Going out to public places	
Planning your day	
Emptying your cassette or ELSAN	
Collecting water and filling your water tank(s)	
Refuelling your boat	
Getting heating fuel (for example coal, wood or gas)	
Steering your boat	



Use this space to add whether you have any assistance to do these things and any other information about your boating or cruising that is affected by your disability or condition and how often this occurs. If there is nothing else you need to tell us, please write "not applicable" or "N/A" and continue to the next section.

Tell us about your daily routine

Use this box to explain the difficulties you encounter with any aspects of your daily routine (for example help with things like getting dressed, making food, going shopping, obtaining fuel, obtaining water, or with waste disposal. If you have any support from friends, family or professionals to do any of these tasks, explain what support you have and how often.

Tell us about your work or study

Use this box to explain the nature of your work or study (if any). Tell us about what your work or study involves and how often you work or study. Tell us about the physical and mental demands of your work or study including if/how you travel, what means of transport you use and what adjustments have been made for you.



Tell us about what access to transport you have

Do you have access to transport other than your boat? YES / NO (delete as appropriate)

Tell us about the transport you use to go about your day (for example to go shopping) and how you get to your medical appointments. If you have any help and support to use transport tell us.

Tell us about the treatments you are 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. This helps us understand your need to be in a particular place at a certain time.

Treatment	Location	How often do you have treatment?	Start date

Tell us about your support network

Tell us about the current support you have from family, friends or professionals



Tell us about the adjustment you would like the Trust to consider making to your licence. This helps us to consider your request in relation to the information you have given us about your disability or condition. Please let us have the following information.

- If you would like us to consider reducing your cruising range, please tell us how far you can cruise and the reasons you cannot do more
- If you want us to consider changing the pattern or frequency of movement, please tell us why you need to change the pattern or frequency of movement.
- If you would like to stay longer than 14 days in any place, or you need to stay longer than stated stay times, please tell us how long you need to stay and how often.

Please tell us **what** adjustment you would like the Trust to consider making for you and why it would help you. Please provide as much detail as possible.

Please tell us **where** you would like the adjustment to cover and why it would help you. Include relevant locations and provide as much detail as possible.



About your GP

Please tell us your GP's details. If you don't know your GP's name, tell us the name of your doctor's surgery.

Doctor's name	
Surgery	
Postal address including post code	
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.

Title	
First name	
Surname	
Job title	
Organisation	
Postal address including post code	
Phone	
Email	



Tell us 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 for an adjustment and it may provide an opportunity for us to signpost you to additional support. If you are not in receipt of or have not applied for any benefits, please write “not applicable” or “N/A” and continue to the next section.

Type of benefit	Has this been awarded yet or 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>

Tell us about your boat(s)?

If you have more than one boat, please complete the details of your main or primary boat in these boxes, then give the same details of the other one/s on the back of this form. This information is needed to help us to understand more about your day-to-day boating tasks/needs.

Boat index	
Boat name	



Tell us how you use your boat. This helps us understand the affect that any adjustment may have on the network.

My boat is my permanent home	YES / NO
My boat is a secondary home when I'm not at my main residence	YES / NO
I use my boat in my leisure-time	YES / NO
I use my boat for holidays	YES / NO
Other (please explain)	

Please tell us about what heating and waste disposal systems you have on your boat and what tasks are involved.



Tell us about anything else we need to know?

If nothing else, please write “not applicable” or “N/A” and move on to the next section.

Is there somebody else that you’d like us to communicate with about this adjustment?

If you want us to deal with somebody else in relation to your adjustment request please provide their details below. This form only gives us permission to speak to them in relation to your adjustment. If you would like them to help you with other Canal & River Trust matters, please contact your Licence Support Officer so that we can arrange the necessary permission.

Title	
First name	
Surname	
Job title	
Organisation	
Postal address including post code	
Phone	
Email	
Relationship to you	



Your confirmation and consent

This section of the form asks you for confirmation that you have told us everything that you need to and that the information in the form is accurate. We also ask you to confirm that we can contact your GP or other health professionals to obtain information in relation to your request for an adjustment.

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

Declaration	Tick to accept
I have read and understood this form	
I have enclosed supporting letters and medical documents	
The information I have given on this form is accurate to the best of my knowledge and belief	
I consent to Canal & River Trust applying to any or all of my GP, health professionals, carers, or other persons named within this questionnaire for a medical report or other documents or correspondence which may include information about my physical or mental health or conditions	
I consent to the Canal & River Trust using the special category personal data I have provided in this form and any supplementary documentation to consider my request for an adjustment to the requirements of my boat licence	

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

Signature _____

Date _____



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

Either

- Send this completed and signed form in the prepaid, addressed envelope provided;

OR

- Send this completed and signed form back to us, by email with attachments, to:
adjustments@canalrivertrust.org.uk

**What happens next :**

- If we receive the completed questionnaire and supporting documents by post we will scan them and store them securely, and return the hard copies to you
- we will carry out an initial review and we may need to contact you if we need further information or clarification
- we may need to contact your GP or other people you have listed for further information. If this is the case, a copy of the letter we send to them will be sent to you. They may contact you to check that you are happy for them to write to us with the information we have requested, please ensure that you give them the necessary consent to avoid any delays in dealing with your request
- Once we have received all of the information we need we will consider your request for an adjustment
- We will write to you to confirm our decision
- If we are unable to agree the adjustment you have requested, you will have the ability to ask us to look at this again and we will give you more information about what you need to do.
- We may invite you to attend a face to face assessment with a third party assessor (as detailed in our Equality Policy).



Privacy statement

At Canal & River Trust we take the safety and security of your personal information seriously and comply with the General Data Protection Regulations. Canal & River Trust are the data controller for the information you provide 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. You can find our full privacy notice on our website: <https://canalrivertrust.org.uk/cookie-and-privacy-policy>

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. We review the personal data we hold on a regular basis. If we conclude that certain personal data is no longer needed, that personal data will be destroyed.



Equality questionnaire FAQs

What do you mean by disability?

“Disability” is defined in the Equality Act 2010 (“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 is lasted for at least 12 months, it's likely to last for at least 12 months, or it is likely to last for the rest of a person's life.

Why do I have to fill out a questionnaire?

It's vital you tell us as much information as possible to help us to give you the right adjustments. We can only support you if we know what's causing you difficulties. Your information may also highlight where you need extra support and/or benefits. Sometimes, we can put you in touch with other agencies who can help too.

Do I need to fill it all in?

Please fill in as much of the form as you can. The more information you provide, the more we're able to make the best adjustment for your circumstances. If a section of the form isn't relevant to you, just mark it as 'not applicable' or 'n/a'.

Is it going to cost me money to send in, and is my information secure?

No, prepaid postage envelopes come with every questionnaire.

They're returned to a central office, so our team can deal with them confidentially. Once we receive them, your documents are scanned to a secure location with restricted access, and the originals returned to you by tracked post as soon as possible. We review the personal data we hold on a regular basis. If we conclude that certain personal data is no longer needed, that personal data will be destroyed.

You can read more about this in our [privacy policy](#).

Who's reviewing our information?

All information is reviewed centrally and in strictest confidence by an independent internal group, which may include welfare, boating, and legal colleagues.

It's important to give you the right support for your situation. To do that, we need to know how affects you so we, sometimes with independent experts advice, can make appropriate adjustments. We do not question your diagnosis, but we need to know how it affects your ability to cruise .



You list a lot of medical documents, do I have to send them all in?

No, we've included a list to help you identify the types of documents that help us, but we realise you may not have all of them, and it's up to you which ones you share with us. However, we need enough information to confirm the disability you have and any details about how this affects you.

Will you pay my cost to get the medical evidence?

No, we're only asking you to fill out the questionnaire and supply copies of information you already have. If we do go on to ask for more specific information, and it cost you money, we'll pay the (reasonable) costs of these.

Why are you asking me about things not related to my use of the waterways?

We're trying to get a full picture of your general routine and what adjustments could help you. Everything we're asking - whether it's about your daily routine, work and study, or transport - is about us getting an understanding of your disabilities and the support you need to carry out your daily activities and how we can help with that.

Why do you ask about benefits?

Some benefits already have a medical requirement you need to have fulfilled, so we don't want to reinvent the wheel by asking you for information twice. However, a request for a reasonable adjustment is different in every case so we do still need you to provide the rest of the information so that we can consider your request properly. There may also be other benefits you are entitled to that you might not be getting yet (such as housing benefit for your licence) and the questionnaire can flag these up. See our [vulnerable boaters' page](#) for organisations offering support and advice.

I have a blue badge which confirms I have a disability, why do I still need to fill in the questionnaire?

The blue badge doesn't necessarily demonstrate that you will have difficulties with meeting the continuous cruising requirements - it can be awarded for a variety of circumstances. We review all requests for reasonable adjustments on an individual basis depending on your circumstances, included when including where you are on the network, so we need to have the information we've asked for in the questionnaire to do this fairly.

Why do you need to know the relationship I have with the person helping me with my request?



We're asking if this person is a professional support worker, friend or relative so we can tailor our communication with them appropriately.

Will I have to fill this in every year?

No. We have a simplified process to ask you about what, if anything, has changed in the last year and how the current adjustment is working for you. We will ask you to fill in the full questionnaire every two years to ensure that the information we hold about you is accurate and up to date.