

DT² Disability and Accessibility Questionnaire



This Questionnaire was completed by a BSAC Nationally Qualified Instructor No: AI 3996 (Alun Newsome) in company with a DT² Welfare Officer on _____ (Date) at _____ (Location)

Name: _____ Date of Birth: _____

Question 1

A Disabled person is defined in the Disability Discrimination Act as someone with a physical or mental impairment that has a substantial and long-term impact on their ability to carry out day-to-day activities. This excludes situations where sight can be corrected by glasses or contact lenses.

Having read this do you consider yourself to be covered by the definition? YES NO

Question 2 (Understanding The Nature of your Disability)

If you answered yes to Q1, and would like to, please indicate (using the boxes below) the nature of your disability (tick as many as are applicable)

- Dyslexia Mobility (physical disability) Mental health difficulty
- Blind/partially sighted Progressive disability/chronic illness (e.g. MS, Cancer)
- Deaf/hearing loss Learning disability Other

Question 3 (Allergies and Medications)

Please indicate if you have any Allergies: _____

Please indicate if you are on any long term medications: _____

Question 4 (Understanding Your Mobility and Movement)

Please complete the following (tick applicable):

	Full Range	Limited Movement	No Movement	Sensation/Feeling
Right Arm				
Right Leg				
Left Arm				
Left Leg				
Hands/Wrists				
Feet/Ankles				
Trunk/Torso Rotation				
Shoulders/Neck/Head				

Question 5 (About Your Vision)

Please complete the following (tick applicable):

	No Impairment	Glasses/Contacts	Visual Impairment	Light Perception	NLP
Right Eye					
Left Eye					

Question 5 (About Your Hearing)

Please complete the following (tick applicable):

	No Impairment	Hearing Aids	Conductive Loss	Sensor-neural Loss
Right Ear				
Left Ear				

Question 6 (About Your Communication Needs)

Do you consider yourself to have a difficulty in communication? This includes any medical or physical parameter which may impair social interaction, communication, learning or understanding? YES NO
 If you have answered YES, please provide details: _____

Question 7 (Other)

- Have you completed the UK Sport Diver Medical Form? Yes No
- Will you require assistance for dive briefings? Yes No
- Will you require assistance for dive training? Yes No
- Will you require assistance for pool activities? Yes No
- Will you require assistance for diving activities? Yes No
- Do you require specialist equipment for LSAC activities? Yes No

This information is collected to help DT² Sub-Aqua Club evaluate your ideas, concerns and expectations from SCUBA diving, snorkelling and associated activities. This form, in conjunction with the UK Sport Diver Medical Form provides an objective assessment of how DT² and its representatives should proceed. This data will be kept confidential and destroyed when appropriate. Thank you for completing this form. Please sign below to ensure details are correct:

Signed: _____ Print: _____ Date: _____

DT² USE ONLY:

- Further Information Required – Contact Specialist Association/Organisation for further training/guidance
- Proceed with Try Dive on information given.

Signed: _____ Signed: _____