

ORDER OF MALTA SINGAPORE LOURDES EXPERIENCE 2019

PLACEMENT OF MALADES ON WHEELCHAIR

APPLICATION FOR WHEELCHAIR BOUND MALADE TO BE PLACED AT THE WHEELCHAIR ZONE IN SIS*

NAME OF MALADE:

AGE:

SEX: M / F

HOME OR MOBILE PHONE NO:

MEDICAL CONDITION / DIAGNOSIS:

MEDICATIONS:

*** APPLICABLE ONLY TO MALADES WHO ARE WHEELCHAIR BOUND**

APPLICANT'S PARISH:

NAME OF CHURCH REPRESENTATIVE:

NAME OF ATTENDING CAREGIVER:

CAREGIVER'S MOBILE NO:

IMPORTANT NOTES:

- 1) ONLY ONE CAREGIVER PER MALADE; CAREGIVER WILL BE SEATED BEHIND THE MALADE.
- 2) ADMISSION WILL BE DENIED TO THE MALADE AND CAREGIVER IF MALADE IS NOT ON A WHEELCHAIR; CAREGIVER WITHOUT AN ACCOMPANYING WHEELCHAIR BOUND MALADE WILL BE DENIED ADMISSION.

DECLARATION BY APPLICANT

- 1) By submitting the information provided in this form, you agree and consent to the Order of Malta, Singapore collecting, using and disclosing your personal data for the purpose of registering and assessing your application for placement in the wheelchair bound zone at the Indoor Stadium for the Lourdes Experience Event 2019 and administering medical aid at the event, when the need arises.
- 2) The Organising Committee of Lourdes Experience 2019 and the Catholic Church shall not be held responsible or be liable in any manner or form for the damage, loss, illness or injury that may result or be suffered, or caused to anyone attending this event save that in the event of death or personal injury resulting from negligence that may be proven in a Court of Law to be attributed to the Organising Committee as contemplated under section 2 (1) of the Unfair Contract Terms Act 396.

I understand and accept the above statements. I further declare that I have been certified to be dependant on a wheelchair for mobility and medically fit to attend the above event at the Indoor Stadium (SIS) on 7 December 2019 for at least 6 hours.

Applicant's Name & Signature

Date:

Certifying Doctor's Name & Signature

MCR No:

Date:

IMPORTANT NOTES: ALL FIELDS MUST BE COMPLETED OR APPLICATION MAY BE REJECTED. PLEASE EMAIL COMPLETED FORM TO lourdesexperiencesg@gmail.com BY 15 OCTOBER 2019. APPLICANTS WILL BE INFORMED OF THE OUTCOME OF APPLICATION VIA EMAIL. TO FACILITATE PROMPT MEDICAL ATTENTION AT THE EVENT, WHEN THE NEED ARISES, SUCCESSFUL APPLICANTS ARE TO BRING A HARD COPY OF THIS FORM WHEN ATTENDING THE EVENT.

FOR OFFICIAL USE ONLY

Approved

Rejected

Date Application Received:

Ticket Number Issued: