



Boosting Female Founders Initiative

*Letter template to be completed by a registered medical practitioner confirming you are a person with a disability - **stage two applications only***

Name of person certifying eligibility:

Organisation/business name:

I am a registered medical practitioner, registration number:

I hereby certify that, according to records held in this office, (Insert applicant's name) meets the definition of disability applicable to the Disability Services Act 1991.

Signature:

Date: