**APPLICATION TEMPLATE   
MEMBERSHIP APPLICATION FORM**

***[Insert NAME OF CLUB]***

***[Insert CLUB LOGO]***

To ensure we have the correct contact details for you, please fill out this form and give it back to …….*name of club contact*

If you are a child or consider yourself to be a vulnerable adult **(see \* for further information)** please ensure your parents/guardian/carer has signed the form before it is returned.

We will also use this information to ensure that you are kept informed about club events.

**Personal Details:**

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| Postcode: |  |
| Home Telephone Number: |  |
| Mobile Number: |  |
| Email Address: |  |
| Date of Birth: |  |

Whilst it is not compulsory that the following section is completed the footnote at the end of this template explains why it is important.

**Gender:**

|  |  |
| --- | --- |
| Male |  |
| Female |  |

**Ethnicity:**

In order to help the club monitor its membership please will you tick one of the following boxes to identify your ethnic group/origin.

**A White**

|  |  |
| --- | --- |
| British |  |
| Irish |  |
| Any other white background (please specify): |  |

**B Mixed**

|  |  |
| --- | --- |
| White & Black Caribbean |  |
| White & Asian |  |
| White & Black African |  |
| Any other mixed background (please specify): |  |

**Asian or Asian British Pakistani**

|  |  |
| --- | --- |
| Indian Bangladeshi |  |
| Any other Asian background (please specify): |  |

**D Black or Black British**

|  |  |
| --- | --- |
| Caribbean |  |
| African |  |
| Any other Black background (please specify): |  |

**E Chinese or other ethnic group**

|  |  |
| --- | --- |
| Chinese |  |
| Any other (please specify): |  |

## Welsh Language:

In order to help the club monitor its membership please will you tick one of the following boxes to identify whether you are a Welsh speaker.

|  |  |
| --- | --- |
| Fluent |  |
| Learning / some knowledge |  |
| No |  |

## Disability:

The Disability Discrimination Act 2005 defines a disabled person as anyone with ‘a physical or mental impairment, which has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities.’

|  |  |  |
| --- | --- | --- |
| Do you consider yourself to have a disability? | Yes | No |

|  |  |
| --- | --- |
| If yes what is the nature of your disability? |  |

**Please tick box(s) as appropriate.**

|  |  |
| --- | --- |
| Disability | Please Tick |
| Manual Wheelchair user – self propelled |  |
| Manual Wheelchair user – assisted |  |
| Electric Wheelchair user |  |
| Learning disability – moderate |  |
| Learning disability – severe |  |
| Visual impairment |  |
| Hearing impairment |  |
| Amputee |  |
| Other physical disability |  |
| Speech and language/communication difficulties |  |

Are there any further details you would like to provide us with regarding you/your child’s disability? E.g. Medical/support needs, food allergies etc.

**Medication:**

Please provide us with details of any medication currently being taken.

|  |  |  |
| --- | --- | --- |
| **Name of medication** | **Dosage** | **Frequency** |
|  |  |  |
|  |  |  |
|  |  |  |

**Please note**

* We cannot administer medication under any circumstances unless previously agreed with the club coaches/volunteers.
* A doctor’s note may be required.
* **You may be required to stay for sessions if:**
* Your child is new to the session
* Your child is under the age of 7
* Your child requires assistance with personal care
* Your child may exhibit challenging behaviour

**If you require any further information or clarification regarding the sessions or any other disability sport issue please do not hesitate to contact:**

*……………………..Name of club contact*

**Sporting Information:**

|  |  |  |
| --- | --- | --- |
| Have you played ‘*NAME OF SPORT’* before? | Yes | No |

If yes, where have you played the sport (please indicate below)?

|  |  |
| --- | --- |
| Primary School |  |
| Secondary School |  |
| Local Authority Coaching Session(s) |  |
| Club |  |
| County |  |
| Other (please specify): |  |

**Further Sporting Information:**

|  |  |
| --- | --- |
| Do you have a coaching qualification? |  |
| If yes, please provide details: |  |
| Do you have an official’s qualification? |  |
| If yes, please provide details: |  |
| Would you be prepared to become a volunteer helper at our club? |  |
| If yes, ……*’NAME’*…………………… our volunteer co-coordinator/head coach will contact you. |  |

**Emergency Contact Details:**

Please insert the information below to indicate the person(s) who should be contacted in the event of an incident/accident.

|  |  |
| --- | --- |
| Contact name: |  |
| Emergency Contact Number: |  |
| Signature of Member: |  |
| Date: |  |

Sport and physical activity can and does play a major role in promoting inclusion of all groups in society. However, inequalities have traditionally existed particularly in relation to gender, race and disability. The Sport Council for Wales is committed to promoting and developing sports equity, which is about fairness in sport, equality of access, recognising inequalities and taking steps to address them. By monitoring the profile of young people in clubs, National Governing Bodies and the Sport Council for Wales can identify any issues relating to under-representation of different groups and can together develop strategies to ensure all young people have an opportunity in the future development and progress in sport and physical activity.

\* Definition of Children and Vulnerable Adult

**Children**: A child is defined as a person under the age of 18 (Children’s Act 2004)

**Vulnerable adults**: A person aged 18 or over who receives services of a type listed in paragraph (1) below, and in consequence of a condition of a type listed in paragraph (2) below, has a disability of a type listed at (3) below.

1. The services are:
   * Accommodation and nursing or personal care in a care home
   * Personal care or support to live independently in his or her own home
   * Any service provided by an independent hospital, independent clinic, independent medical agency or National Health Service body
   * Social care services; ***or***
   * Any services provided in an establishment catering for a person with learning difficulties
2. The conditions are:

* A learning or physical disability
* A physical or mental illness, chronic or otherwise, including an addiction to alcohol or drugs; ***or***
* A reduction in physical or mental capacity

1. The disabilities are:

* A dependency on others in the performance of, or a requirement for assistance in the performance of, basic physical functions
* Severe impairment in the ability to communicate with others; ***or***
* Impairment in a person’s ability to protect him or herself from assault, abuse or neglect