

APPLICATION FORM

Personal Details

Name	
Address	
	Post Code
Date of Birth	
Telephone No. (Home)	Mobile
Email	

We would be grateful if you could complete the following. This information is used for Equal Opportunities Monitoring and will help us plan our services. This information will be kept secure and confidential.

Do you have a disability? Yes No

If yes, please tick the box below that applies to you

- 1 Visual impairment 2 Hearing impairment 3 Physical impairment 4 Learning disability
 5 Multiple impairment 6 Health/other impairment 7 Not supplied

Which of the following describes your ethnic origin? (please tick one box only)

<input type="checkbox"/> Category A (white) White Irish British Any other white background	<input type="checkbox"/> Category B (mixed) White & Black Caribbean White & Black African White & Asian Any other mixed background	<input type="checkbox"/> Category C (Asian/Asian British) Indian Pakistani Bangladeshi Any other Asian background
<input type="checkbox"/> Category D (Black or Black British) Caribbean African Any other black background	<input type="checkbox"/> Category E (Chinese or other ethnic minority) Chinese Other	

Why do you participate in fitness activities?

- Health/Weight reasons General Fitness Development of sport skills Socialising

Card Category (please tick whichever you are applying for)

- Resident Non Resident No/Low Income Disabled Person
 Full time student / Youth Training Under 16 60+

OFFICE USE ONLY

Card Number Issued/Passport Sponsor:

Receptionist Signature: