

# everyone ACTIVE Card Application Form



## For official use only

Centre of issue: ..... Date: .....

Issuing staff member payroll number: .....

SportsCard number: .....

Take completed application forms to your nearest Everyone Active facility for processing along with ID (for example birth certificate, passport, driving licence, etc). Application forms cannot be received by post as a form of ID is required to process cards.

### 1) Your Details (please print)

Title: ..... First name: ..... Surname: .....

Address: ..... Postcode: .....

Telephone: ..... Mobile: .....

Date of Birth: .....  Male  Female

Marital Status:  Married  Divorced  Widowed  Single  Civil Partnership  Other

### 2) Please tick main area of interest

- |  |                                  |  |                                    |
|--|----------------------------------|--|------------------------------------|
| <input type="checkbox"/> Swimming        | <input type="checkbox"/> Tennis  | <input type="checkbox"/> Children's activities | <input type="checkbox"/> Athletics |
| <input type="checkbox"/> Gym             | <input type="checkbox"/> Running | <input type="checkbox"/> Basketball            | <input type="checkbox"/> Football  |
| <input type="checkbox"/> Fitness Classes | <input type="checkbox"/> Walking | <input type="checkbox"/> Netball               | <input type="checkbox"/> Badminton |
| <input type="checkbox"/> Squash          | <input type="checkbox"/> Yoga    | <input type="checkbox"/> Volleyball            |                                    |
- Other .....

### 3) Dependants

How many dependants do you have under the age of 14? (please tick as appropriate)

- 0  1  2  3  4 or more

#### 4) How would you describe your ethnic origin?

(please choose one of the following categories, then tick the appropriate box to indicate your background)

##### White

British       Irish       Other European      Any other white background (Please state) .....

##### Dual Heritage

White & Black Caribbean       White & Black African       White & Asian

Other mixed background (Please state) .....

##### Black or Black British

Caribbean       African       Somali African      Any other black background (Please state) .....

##### South Asian or Asian British

Indian       Pakistani       Bangladeshi      Any other Asian background (Please state) .....

##### Chinese or Other Ethnic Group

Chinese      Other Ethnic Group (Please state) .....

#### 5) Do you have a disability?

Yes       No

If yes, what is the nature of your disability? (please tick as appropriate)

- |   |  |
|---|--|
| <input type="checkbox"/> 01 A specific learning difficulty (eg. Dyslexia) | <input type="checkbox"/> 06 Mental health issues   |
| <input type="checkbox"/> 02 A visual impairment                           | <input type="checkbox"/> 07 A long term health condition (eg. Diabetes, MS, HIV, cancer) |
| <input type="checkbox"/> 03 A hearing impairment                          | <input type="checkbox"/> 08 Multiple disabilities  |
| <input type="checkbox"/> 04 A physical impairment                         | <input type="checkbox"/> 09 A disability not listed above                                |
| <input type="checkbox"/> 05 Personal care support                         | <input type="checkbox"/> 10 Prefer not to say  |

#### 6) What is your religion

Christian       Buddhist       Hindu       Jewish       Muslim       Sikh

Any other religion (Please state) .....

#### 7) How would you describe your sexuality?

Lesbian/Gay       Bisexual       Heterosexual       Prefer not to say

#### 8) Signature

I do not wish my information to be shared and/or traded with third parties

I would like to be kept informed of forthcoming events, services and offers

I **do not** wish to be informed via:

Mail       Email       Telephone       SMS       Fax       All

I agree to abide by the terms and conditions of SLM's Everyone Active Card scheme and declare that the information I have provided is correct.

Signature: ..... Date: .....

Print name: .....