



Halliwick Penguins Swimming Club

for disabled people

Application Form for Membership

The content of this form is designed to be filled in on your computer but you will need to print it to sign it unless you can digitally sign PDF documents.

SECTION ONE THIS SECTION TO BE COMPLETED BY EVERYONE

What type of membership are you applying for?

As a swimmer As a helper

APPLICANT'S PERSONAL AND CONTACT DETAILS

First name	
Last name	
Address	
Postcode	
Email address	
Home telephone number	
Mobile telephone number	
Date of birth (DD/MM/YYYY)	

WHO SHOULD WE CONTACT IN AN EMERGENCY?

In the event of an emergency, we may need to contact someone. Please give details of the person we should contact in an emergency:

Their first name	
Their last name	
Their relationship to the applicant	
Their home telephone number	
Their mobile telephone number	

ABOUT THE APPLICANT'S HEALTH

We need to know that it is safe for the applicant to swim and for them to take part in other activities that the club may organise from time-to-time. You will be asked in section three of this form to certify (confirm) that the applicant is safe to go into the water and take part in other activities which we may organise. For this reason, it is very important that you give us as much information as you can about the applicant's health as this will help us to meet their needs as best we can and to keep them and others as safe as possible.

Does the applicant have any of the following? (please select all that apply):

<input type="checkbox"/> Visual impairment	<input type="checkbox"/> Hearing loss/impairment	<input type="checkbox"/> Communication difficulties	
<input type="checkbox"/> Learning difficulties	<input type="checkbox"/> Behavioural difficulties	<input type="checkbox"/> Epilepsy (seizures)	
<input type="checkbox"/> Heart/blood pressure problems	<input type="checkbox"/> Breathing difficulties or related	<input type="checkbox"/> Muscle/joint/nerve difficulties	
<input type="checkbox"/> Skin condition/allergy	<input type="checkbox"/> Other allergy(ies)	<input type="checkbox"/> Balance/movement difficulties	
<input type="checkbox"/> Haemophilia	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Continence problems	
<input type="checkbox"/> Other (Please explain):			
Please tell us how the applicant is affected by any disability/condition they have:			
Does the applicant have a clinical diagnosis?	<input type="radio"/> Yes	<input type="radio"/> No	
Does the applicant take any medication?	<input type="radio"/> Yes	<input type="radio"/> No	
Please give details of any clinical diagnosis and any medication taken here, along with any other relevant information:			
Does the applicant use a wheelchair or scooter?	<input type="radio"/> Manual	<input type="radio"/> Electric	<input type="radio"/> Scooter
	<input type="radio"/> No		
Does the applicant use a walking aid?	<input type="radio"/> Stick(s)	<input type="radio"/> Crutch(es)	<input type="radio"/> Frame
	<input type="radio"/> No		
Does the applicant need help in the changing room?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Sure
Does the applicant need help on the poolside?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Sure
Does the applicant need the hoist?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Sure

ABOUT THE APPLICANT’S EXPERIENCE

Please tell us about any relevant previous experience or skills, for example, previous swimming experience, swimming awards, teaching skills, first aid/lifesaving skills:

If you are applying to be a swimmer, please continue to **SECTION THREE**
If you are applying to be a helper, please continue to **SECTION TWO**

SECTION TWO
THIS SECTION TO BE COMPLETED ONLY IF YOU ARE APPLYING TO BE A HELPER

With appropriate training, are you willing to help (select all that apply):

In the water On the poolside
 In the changing room With administration

We take the safety and welfare of all of our club members very seriously and expect our volunteers who are over 16 years of age to agree to a DBS (Disclosure & Barring Service) check being undertaken.

Do you agree to a DBS check being undertaken and to your personal data being processed for this purpose?

Yes No
 I am under 16
 I want to discuss this further

Please provide details of two referees who the club may contact:

REFEREE 1:

Their name	
Their address and postcode	
Their email address	
Their telephone number:	
How does this person know you?	

REFEREE 2:

Their name	
Their address and postcode	
Their email address	
Their telephone number	
How does this person know you?	

Do you agree to references being taken up and to your personal data being processed for this purpose?

Yes No
 I want to discuss this further

EVERYONE should complete the next section, **SECTION THREE**

SECTION THREE
THIS SECTION TO BE READ & COMPLETED BY EVERYONE

PLEASE NOTE:

The completion of an application form does not of itself confer membership on the person applying for membership and in some cases it will be necessary to add applicants to a waiting list.

Applications for membership cannot be processed unless this section is read and understood and the form is completed and signed.

To the extent that boxes below are not selected, a signature to this form will be deemed not to apply to the statement to which that unselected box relates.

Before signing this form on page 7, you should read each statement below carefully and, if you do, select the box alongside each statement to indicate that you agree with the statement made.

Before signing the form on page 7, if you have any questions or concerns, please do discuss these with us or your doctor/health professional or other medical advisor as may be appropriate.

BY SELECTING THE CORRESPONDING BOX(ES) AND SIGNING THIS FORM ON PAGE 7, YOU CONFIRM THAT:

- You wish to become a member of Halliwick Penguins Swimming Club
- You will abide by any rules of Halliwick Penguins Swimming Club
- To the best of your knowledge, you are fit to take part in the activities of the club, including swimming
- To the best of your knowledge, the information you have given on this form is both accurate and complete

The club teaches swimming and water activity using the Halliwick Concept. This involves physical contact and support when needed.

- You agree with physical contact/support when needed

YOUR PERSONAL DATA

Your privacy is important to us. Any personal information (data) about you held by the club, including sensitive information, will be held in accordance with the club's obligations as a Data Controller under relevant data protection legislation and in accordance with its Privacy Policy.

You should have been provided with a copy of the club's Privacy Policy. If you have not been, please download it from our website at www.halliwickpenguins.org/privacy or ask William Wyatt (club Chair and Data Protection Officer – halliwickpenguins.chair@gmail.com) for a copy.

You should not complete this form until you have read and understood the club's Privacy Policy. If you have any questions about the club's Privacy Policy, please contact William.

- By ticking this box you confirm you have read and understood the club's Privacy Policy.

We need to ask you whether you agree to certain personal information (data) about you being processed by the club so please continue to the next page.

➔ 1. INFORMATION ABOUT HEALTH AND DISABILITIES

The club is a swimming club for disabled people. This means that we need to process information about our members and prospective members concerning physical or mental health conditions (including any injuries) and any disability. This is so we can (i) comply with health and safety requirements (ii) ensure your health and safety (iii) assess your fitness to participate in any events or activities we organise (iv) provide appropriate adjustments to our sports facilities where that is reasonably possible and (v) promote a sports environment that is inclusive, fair and accessible.

By ticking this box you agree, for the reasons given, to the club processing personal data about you concerning any physical or mental health conditions (including any injuries) and any disability you may have or have had.

By ticking this box, you agree to the club seeking further medical information or advice on the safety of you taking part in the club's activities if it reasonably considers this necessary.

➔ 2. VIDEO FOOTAGE & PHOTOGRAPHY

Although infrequent in the week-to-week activities of the club, from time-to-time, those attending galas or special events at the club may wish to take video footage or photographs, either to promote the club or for their own private use. This may be a club member, a visitor to the club such as a spectator, a member of the press or the Mayor's office. By ticking this box, you agree to that.

➔ 3. DIRECT MARKETING

Occasionally, we would like to send you general information about the club and its activities in the form of newsletters, newsheets or informational emails/letters. Our preferred method is by email as we have limited resources and this is the most efficient and cost-effective way of communicating with club members.

We will not pass your details to third parties for direct marketing purposes.

By selecting the boxes below (you can choose all or any preferred) you agree to receive our newsletter and other informational communications from us via the means selected. **Please note, your preferences here do not apply to communications sent to you that are necessary for the day-to-day running of the club and the maintenance of your membership, which communication will continue as necessary.**

By email

By telephone

By post

By text (SMS/iPhone message)

To the extent that you have agreed to any of the statements at 1-3 above and have shown that agreement by selecting the relevant box(es) and signing this form on the next page, you can withdraw your agreement to any one, a number of, or all of the above statements at any time. If you do so, this will not affect your membership of the club unless by withdrawing your agreement to any one or more of the above, your membership cannot reasonably continue. If you would like to withdraw any consents you have given or discuss any queries further then please contact William Wyatt (club Chair and Data Protection Officer – halliwickpenguins.chair@gmail.com).

SIGNING THE FORM

By signing this form you are confirming that, to the best of your knowledge, the information you have given on this form is accurate and complete.

If you are signing this form on behalf of someone else, (either because they are under 18 or because they are unable to sign the form or would not understand the implications of what they are signing), then you are confirming, on their behalf that, to the best of your knowledge, the information given on this form is accurate and complete.

Signature (parent/guardian/carer/personal assistant to sign if applicant is under 18 or is unable to sign the form or would not understand the implications of what they are signing)	
Date (DD/MM/YYYY)	

If you are signing this form on behalf of someone else, (either because they are under 18 or because they are unable to sign the form or would not understand the implications of what they are signing), please give your details here:

Your name	
Your address and postcode	
Your email address	
Your telephone number:	
How do you know the applicant?	

Once completed please print and sign this form, remembering to keep a copy for your records. You can return the completed and signed form in the following ways:

Digitally sign the PDF document or scan a signed copy and send by email to:
haliwickpenguins.chair@gmail.com

By post to:
Halliwick Penguins Swimming Club Secretary
16 Bohun Close, Barnet, Hertfordshire, EN4 8UA