Application Form for:





**RISE activities**

Personal Details

|  |  |  |  |
| --- | --- | --- | --- |
| **Participant First Name:** |  | **Surname:** |  |
| **Date of birth:** |  | **Gender:** |  |
| **Participant home address:** |  | | |
|  | **Postcode:** |  |
| **School/College:** |  | | |
| **Participant contact number:** |  | | |
| **Emergency Mobile Contact Number**  **(not participants number):** |  | | |
| **Name of Emergency Mobile Contact:** |  | | |
| **Email Address:** |  | | |

Disability Details

|  |
| --- |
| **Does the participant have a recognised disability?** |
| Hearing  Learning  Physical  Visual  Mental Health Condition    If yes please provide details: ­­­­­­­Click here to enter text. |
| **Does the participant require support within the session?** |
| Carer (if yes, a carer must be provided for personal care needs)    Instructions repeated  Specialist Equipment  Sign Language/lip reading  Other  If yes please provide details: |

Medical Details

|  |  |  |  |
| --- | --- | --- | --- |
| **Please provide details of any medical conditions, current medications, allergies that the staff should be aware of:** | | | |
|  | | | |
| **GP name:** |  | **GP tel no:** |  |
| **GP address:** |  | | |

Activity Details

**RISE Canoeing**

Participants need to be able to swim 25m unaided and be confident in water in order to participate in canoeing.

Please tick this box to confirm

The information in this form will be stored within an online register database to be used at the RISE activities. RISE will send you information about SEND activities and opportunities.

To assist with future promotions/publicity, official photographs may be taken during RISE activities and events.

If you agree to your data being processed in this way please tick this box

For further information on how the council manages your information and your rights in this regard please visit Richmond.gov.uk/council/open\_richmond/data\_protection

If you are unable to sign the declaration yourself it may be signed on your behalf by your relative/spouse /person of authority/friend. If you are under 16 years of age your parent or legal guardian must sign this form.

**Name:** **Signature:** **Date:**

**If applicable,** relationship to participant:

**If under 16**

Parent/Guardian/Carer **Name:** **Signature**: **Date:**

Office Use:

|  |  |
| --- | --- |
| Activity: |  |
| Added to database: |  |
| Added to upshot: |  |
| Signed: |  |
| Date: |  |

Extra voluntary information:

1 Where did you hear about RISE?

2 Is the participant part of any community sports clubs or groups?

3 Are there activities not offered by RISE that the participant would be interested in?

|  |
| --- |
| **Equality & Diversity Monitoring** |
| In order to monitor the effectiveness of our sports and fitness programmes and to ensure that we are reaching all areas of the community as specified in our Diversity & Equality Policy, it would help us if you could complete the section below. This information will be used for monitoring purposes only.  **Gender:** 🞎 Male 🞎 Female 🞎 Prefer not to say  **Age:** 🞎 Under 16 🞎 16-24 🞎 25-34 🞎 35-44   🞎 45-54 🞎 55-64 🞎 65-74 🞎 75-84   🞎 85+ 🞎 Prefer not to say  **Ethnicity: White**  🞎 English / Welsh / Scottish / Northern Irish / British  🞎 Irish  🞎 Gypsy or Irish Traveller  🞎 Eastern European  🞎 Any other White background, please describe:  **Mixed / Multiple Ethnic Groups** 🞎 White & Black Caribbean   🞎 White & Black African   🞎 White & Asian  🞎 Any other Mixed / Multiple ethnic backgrounds, please describe:  **Asian or Asian British**  🞎 Indian  🞎 Pakistani   🞎 Bangladeshi  🞎 Chinese  🞎 Afghan  🞎 Any other Asian background, please describe:  **Black / African / Caribbean / Black British** 🞎 Caribbean  🞎 African  🞎 Any other Black / African / Caribbean background, please describe:  **Other Ethnic Group**  🞎 Arab  🞎 Any other ethnic group, please describe:  🞎 **Prefer not to say**  **Disability:** Do you consider yourself to have a disability? 🞎 Yes 🞎 No  If **yes**, please specify: 🞎 Physical impairment 🞎 Sensory impairment   🞎 Mental health condition 🞎 Learning disability/difficulty   🞎 Other please specify  🞎 Prefer not to say |