

**APPLICATION FOR HIRE OF FACILITIES
AT WHITTON SPORTS & FITNESS CENTRE
BLOCK BOOKINGS**

1. Name of hirer / club / organisation: _____

2. Nominated team co-ordinator(s): (i) First Nominee _____ (ii) Second Nominee _____

3. Address of team co-ordinator(s): (i) _____ (ii) _____

4. Telephone Nos. (Home) _____
(Business) _____
(Mobile) _____
(Email) _____

5. Type of activity: _____
Area required: _____
Any other requirements: _____

6. Day(s) required: _____
Time(s) required: _____

MONTHS	DATES	Any Excluded Dates (i.e. Bank Holidays)

(N.B. Please note for block booking to be exclusive of 17.5% VAT 10 consecutive weeks need to be booked and paid for in advance).

Signed: _____ Date: _____

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PERSONAL INFORMATION POLICY

The Council respects your privacy rights and is committed to ensuring that it protects your details, the information about your dealings with the Council and other information about you available to the Council ("your information").

The Council will use your information to:

- Deal with your requests and administer its Departmental functions
- Meet its statutory obligations
- Prevent and detect fraud
- Conduct surveys and research
- Contact you with information about activities and events involving the Council or with offers which it thinks may be of interest to you

The Council may share your information (but only the minimum amount of information necessary to do the above and only where it is lawful to do so) with other departments within the Council (including elected members), central government departments, law enforcement agencies, statutory and judicial bodies, community services providers and contractors that process data on its behalf.

If you **do not** want to receive information about offers, activities and events from the Sport & Fitness Services Section of the Education & Children's Services Department, please tick this box

If you **do not** wish to be contacted by the Sport & Fitness Services Section of the Education & Children's Services Department for research purposes (excluding research or surveys the Council is required to conduct) please tick this box

ETHNICITY MONITORING

Gender: Male Female

Age: Under 16 16- 30 31- 49 50 –64 Over 65

Ethnicity: -To which of the following group(s) do you consider you belong?

White

- ★ British
- ★ Irish
- ★ Albanian
- ★ Any other White background
please specify _____

Mixed

- ★ White and Black Caribbean
- ★ White and Black African
- ★ White and Asian
- ★ Any other mixed background
please specify _____

Asian or Asian British

- ★ Indian
- ★ Pakistani
- ★ Bangladeshi
- ★ Afghan
- ★ Any other Asian background
please specify _____

Black or Black British

- ★ Caribbean
- ★ African
- ★ Any other Black background
please specify _____

Other ethnic background

- ★ Chinese
- ★ Vietnamese
- ★ Middle Eastern
- ★ Any other ethnic background
please specify _____

I do not wish an ethnic background category to be recorded

Disability: Do you consider yourself to have a disability? Yes No If Yes, please specify _____