

**PIMLICO PUFFINS SWIMMING CLUB**

(Affiliated to the Association of Swimming Therapy)

**HELPER APPLICATION FORM**

Name .....

Address .....

E-Mail Address .....

Telephone Numbers Home .....

Work .....

Mobile .....

Date of Birth / / 19

Swimming Experience .....

Other relevant qualifications .....

Membership of other relevant clubs .....

How did you hear about us? .....

Nature of Disability if any .....

In an Emergency please contact Name .....

Telephone Number .....

Relationship to Member .....

Date of CRB Check .....

(to be completed by a member of the Committee)

**Data Protection and Image Rights:**

The signature of the swimmer together with the signature of their doctor constitute an application to join the Pimlico Puffins swimming Club for People with Disabilities ('the Club').

The countersignature of a member of the committee of 'the Club' constitutes acceptance of the applicant as a member of 'the Club'.

In making this application the applicant agrees to the information entered on this form being held in both paper and electronic form for the sole purposes of the operation and marketing of 'the Club'. 'The Club' undertakes to restrict access to this information to members of its Committee, not to share the information with third parties and not to hold the information for longer than is relevant to the individual membership.

The Club may from time to time photograph its activities for promotional purposes. The club undertakes not to publish any images without the prior consent of those pictured.

**Protection of Vulnerable Persons:**

In an endeavour to protect all club members, helpers must undergo Criminal Records Bureau (CRB) standard checks (disclosures). Once your application has been accepted, a member of the Committee of 'the Club' will issue you with the necessary documentation in order for this routine process to be carried out. The Committee appreciates that this process is time-consuming and therefore you **will** be permitted to participate in 'the Club's activities during the course of the process.

**Consent:**

I wish to apply to become a member of the 'Pimlico Puffins Swimming Club for People with Disabilities'. I agree to undergo a CRB check as described above and I agree to abide by the rules of the club as may be published from time to time.

Signature of applicant: \_\_\_\_\_ Date .....

Approved for Membership ..... Date .....

Position on Committee .....