

KENT FANS SCHEME APPLICATION FORM



Surname	
Forename(s)	
Date of Birth	
Home Tel. No	
Mobile Tel. No	
Address	
Post Code	
Email	

Local Authority to which your household pays council tax	
--	--

Sport involved in at National level	
-------------------------------------	--

Do you consider yourself to have a disability?	<p>Yes / No (Please delete as appropriate)</p> <p>If you have indicated yes, please select which applies to you:</p> <p>Visual Impairment <input type="checkbox"/> Hearing Impairment <input type="checkbox"/></p> <p>Physical Impairment <input type="checkbox"/> Learning Disability/Difficulty <input type="checkbox"/></p> <p>Other comments: _____</p>
--	--

The sports centres I am most likely to make use of are:	(i)
	(ii)
	(iii)

Declaration:

I understand that the information provided in this form will be used by Kent Sport to process this application to the FANS Scheme as detailed in the FANS Scheme privacy notice and I am happy for Kent Sport to use it in this way.

I understand that Kent Sport may need to communicate with third parties, such as national governing bodies of sport and county sport associations, to confirm that I am competing at a level which meets the eligibility criteria and I am happy for Kent Sport to use the information provided in this form for this purpose.

For more information around how we store your personal data, and how we use it please see our FANS Scheme privacy notice at www.kentsport.org/fans

Please tick the boxes to confirm that you have:

- Attached recent, supporting evidence of your involvement in sport at a national level
 - Enclosed a recent passport-sized photo
 - Made payment of £10 (either electronically or a cheque is enclosed made payable to KCC)
- PayPal - www.kentsport.org/FansPay

All Information should be returned to: Kent Sport & Physical Activity Service, Kent County Council, Worrall House, 30 Kings Hill Avenue, Kings Hill, West Malling, Kent, ME19 4AE Tel: 03000 414001 E-mail: kentfans@kent.gov.uk

In return for the benefits of the FANS Scheme I agree to abide by the scheme conditions and to support or attend promotional activities and events if I am able.

Signed:	
Date:	
Print name:	

Please Note: new membership cards will not be issued until evidence has been verified and payment received.

Please tick this box if you would like to receive your renewal reminder in 12 months time by e-mail