

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	
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Sport involved in at National level	
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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

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

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

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

PLEASE TURN OVER THE PAGE...

KENT FANS SCHEME EQUAL OPPORTUNITIES MONITORING FORM

As a lead partnership agency and a provider of services for sport, Kent Sport is committed to promoting equality, valuing diversity and combating unfair treatment in sport. To help us monitor and achieve this objective, new and existing Kent FANS members are asked to provide specific information so that we have an accurate picture of the schemes membership and can check that our service does not unlawfully discriminate.

The information you give is confidentially managed and does not affect your application for membership. It will greatly assist us if you provide as much information as possible, but you are not obligated to do so.

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NAME:

EMAIL:

1. ARE YOU?

Male	<input type="checkbox"/>
Female	<input type="checkbox"/>

2. TO WHICH AGE GROUP DO YOU BELONG?

Under 18 yrs	<input type="checkbox"/>	18 – 25 yrs	<input type="checkbox"/>	26 - 44 yrs	<input type="checkbox"/>
45 - 64 yrs	<input type="checkbox"/>	65+ yrs	<input type="checkbox"/>		<input type="checkbox"/>

3. TO WHICH ETHNIC GROUP DO YOU CONSIDER YOURSELF TO BELONG?

Indicate the relevant category for you from A to E shown in the lists below and select your ethnic background by marking the appropriate box in the column below your chosen category.

A White

English	<input type="checkbox"/>
Irish	<input type="checkbox"/>
Northern Irish	<input type="checkbox"/>
Scottish	<input type="checkbox"/>
Welsh	<input type="checkbox"/>
Other	<input type="checkbox"/>

B Mixed

White & Black Caribbean	<input type="checkbox"/>
White & Black African	<input type="checkbox"/>
White & Asian	<input type="checkbox"/>
Other	<input type="checkbox"/>

C Asian or Asian British

Indian	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>
Chinese	<input type="checkbox"/>
Other	<input type="checkbox"/>

D Black or Black British

Caribbean	<input type="checkbox"/>
African	<input type="checkbox"/>
Other	<input type="checkbox"/>

E Other Ethnic Group

Arab	<input type="checkbox"/>
Other	<input type="checkbox"/>

4. DO YOU CONSIDER YOURSELF TO HAVE A DISABILITY?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If you have indicated yes, please mark all the boxes that apply to you:

Visual impairment	<input type="checkbox"/>	Physical impairment	<input type="checkbox"/>
Hearing impairment	<input type="checkbox"/>	Learning disability/difficulty	<input type="checkbox"/>

Other (please specify):

Thank you for completing this equality form and assisting us in actively promoting equal opportunities.

Please return to: Lucy Rout, Kent Sport & Physical Activity Officer, Sport & Physical Activity Service, Worrall House, 30 Kings Hill Avenue, Kings Hill, West Malling, Kent, ME19 4AE or by email to kentfans@kent.gov.uk