

FANS membership application form



Name:

Address:

Post Code:

Tel (day):

Tel (eve):

Tel (mob):

E-Mail:

Your Club:

Sport and National Level Status:

Named facility / facilities wish to use (**can select up to two facilities from the same district / borough**).

I enclose:

- **Two passport size photographs**
- **Supporting written evidence from your National Governing Body** that you are performing at the appropriate level to qualify for the scheme. This should include your national/county ranking and for it to be documented on your National Governing Body headed paper and signed by the appropriate person and dated no more than 1 year prior to the date of application for FANS membership.

I, the undersigned, agree to abide by the conditions of the scheme, maintain good relations with participating centres and act as an ambassador for the scheme. This may include attending promotional events of participating centres when possible.

Please return this form to:

FANS Scheme, Active Essex, E2 County Hall, Chelmsford, Essex CM1 1QH

Signed:

Date:

If you require further assistance or require this form in an alternative format please contact Active Essex on 03330 131620/ administration@activeessex.org

Monitoring Form



As FANS is a public service, we are requested to ask the following questions. You do not have to answer these, but in doing so you may help us to receive future funding for this scheme. Any information we receive will be depersonalised and reported in an aggregated manner.

Are you? Male Female

Do you consider yourself to have a disability? Yes No

If Yes, what is the nature of the your impairment?

Physical Impairment
 Learning Difficulty
 Visual Impairment
 Hearing Impairment
 Other (please specify).....

What is your Ethnic Origin?

White		Mixed, Mixed British, Mixed English, Mixed Scottish, Mixed Welsh, Mixed Irish	
<input type="checkbox"/>	British	<input type="checkbox"/>	White and Black Caribbean
<input type="checkbox"/>	English	<input type="checkbox"/>	White and Black African
<input type="checkbox"/>	Scottish	<input type="checkbox"/>	White and Asian
<input type="checkbox"/>	Welsh	<input type="checkbox"/>	Any other mixed background (please specify)
<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/>	
<input type="checkbox"/>	Irish	<input type="checkbox"/>	
<input type="checkbox"/>	Any other white background (please specify)	<input type="checkbox"/>	
<input type="checkbox"/>	Asian, Asian British, Asian English, Asian Scottish, Asian Welsh, or Asian Irish	<input type="checkbox"/>	Black, Black British, Black English, Black Scottish, Black Welsh, or Black Irish
<input type="checkbox"/>	Indian	<input type="checkbox"/>	Caribbean
<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	African
<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	Any other Black background (please specify)
<input type="checkbox"/>	Any other Asian background (please specify)	<input type="checkbox"/>	
<input type="checkbox"/>	Chinese, Chinese British, Chinese English, Chinese Scottish, Chinese Welsh, or Chinese Irish	<input type="checkbox"/>	
<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Not Declared
<input type="checkbox"/>	Any other background (please specify)	<input type="checkbox"/>	