



## Volunteer Placement Registration Form

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### PARTICIPANT DETAILS

PLEASE PROVIDE US WITH YOUR PERSONAL INFORMATION AS REQUESTED BELOW IN ORDER FOR US TO FACILITATE YOUR PARTICIPATION:

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ AGE: \_\_\_\_\_

GENDER: MALE/FEMALE/NON-BINARY/OTHER: \_\_\_\_\_ PREFER NOT TO ANSWER [ ]

ADDRESS:

POSTCODE:

PARTICIPANT CONTACT NO:

PARTICIPANT EMAIL ADDRESS:

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### EMERGENCY DETAILS

EMERGENCY CONTACT NO:

EMERGENCY CONTACT NAME:

EMERGENCY CONTACT RELATIONSHIP TO PARTICIPANT:

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**PREVIOUS EXPERIENCE**

PLEASE EXPLAIN WHY YOU WANT TO VOLUNTEER FOR SDSG:

PLEASE CONFIRM WHAT EXPERIENCE YOU ALREADY HAVE IN VOLUNTEERING/EMPLOYMENT:

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**MEDICAL DETAILS**

PLEASE NOTIFY US OF ANY RELEVANT MEDICAL CONDITIONS OR HEALTH DETAILS (PHYSICAL, MENTAL OR EMOTIONAL) THAT MAY ADVERSELY AFFECT YOUR PARTICIPATION IN THESE SESSIONS, INCLUDING DETAILS OF ANY MEDICATION YOU MAY TAKE:

ANY OTHER INFORMATION YOU WISH TO PROVIDE, INCLUDING ANY ACCESS REQUIREMENTS.

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**PLACEMENT REFERENCE**

PLEASE ASK TWO PEOPLE TO PROVIDE REFERENCES IN SUPPORT OF YOUR APPLICATION, THIS CAN BE A TUTOR/TEACHER/LEADER FOR EXAMPLE.

ORGANISATION

ORGANISATION

NAME

NAME

ADDRESS

ADDRESS

POSTCODE

POSTCODE

EMAIL ADDRESS

EMAIL ADDRESS

TELEPHONE NO

TELEPHONE NO

RELATIONSHIP OF REFEREE TO YOU

RELATIONSHIP OF REFEREE TO YOU

I THE ABOVE LISTED PERSON SUPPORT THE  
YOUNG PERSON SPECIFIED IN THIS APPLICATION  
TO VOLUNTEER FOR SCARBOROUGH DISABLED  
SWIMMING GROUP

I THE ABOVE LISTED PERSON SUPPORT THE  
YOUNG PERSON SPECIFIED IN THIS APPLICATION  
TO VOLUNTEER FOR SCARBOROUGH DISABLED  
SWIMMING GROUP

SIGNATURE:

SIGNATURE:

DATE:

DATE:

ANY OTHER COMMENTS:

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## CONSENT

IN ADDITION TO FACILITATING YOUR PARTICIPATION IN OUR SWIM SESSIONS SCARBOROUGH DISABLED SWIMMING GROUP MAY USE PERSONAL INFORMATION AS PROVIDED BY YOU FOR PROFILING AND DATA ANALYSIS, AND IN MONITORING.

FURTHER, WE REQUEST YOUR CONSENT TO USE YOUR PERSONAL INFORMATION IN THE FOLLOWING WAYS:

PLEASE TICK THIS BOX TO PROVIDE YOUR CONSENT FOR US TO OCCASIONALLY PHOTOGRAPH AND / OR FILM YOU PARTICIPATING IN OUR ACTIVITY SESSIONS. THESE PHOTOS AND / OR FILMS MAY BE USED FOR PROMOTIONAL / MONITORING PURPOSES AND FEATURE ACROSS OUR MARKETING PLATFORMS INCLUDING BUT NOT LIMITED TO: POSTERS, PROGRAMMES, WEBSITES AND SOCIAL MEDIA PLATFORMS.

PLEASE TICK THIS BOX TO PROVIDE YOUR CONSENT FOR US TO CONTACT YOU WITH OPPORTUNITIES FOR VOLUNTEERING; TRAINING AND QUALIFICATIONS; COMPETITIONS; EDUCATION AND / OR EMPLOYMENT.

PLEASE TICK THIS BOX TO ENABLE US TO SHARE YOUR PERSONAL INFORMATION WITH YOUR CARERS/PARENTS/EDUCATION PROVIDER AND UPDATE THEM ON YOUR PROGRESS.

IN ORDER TO OPT OUT AT ANY TIME FROM YOUR PERSONAL INFORMATION BEING USED IN ANY OF THE ABOVE WAYS, YOU CAN DO SO BY CONTACTING SCARBOROUGH DISABLED SWIMMING GROUP [CONTACTUS@SDSG.ORG.UK](mailto:CONTACTUS@SDSG.ORG.UK).

SIGNED \_\_\_\_\_ PARTICIPANT

NAME \_\_\_\_\_ DATE \_\_\_\_\_

IF UNDER 18 YEARS OF AGE:

AS THE GUARDIAN OF THE PERSON STATED ON THE FRONT OF THIS FORM, I AGREE TO PROVIDE ALL RELEVANT INFORMATION TO ENSURE THEIR SAFE PARTICIPATION, AND, AS SUCH, I GIVE MY PERMISSION FOR THEM TO UNDERTAKE A VOLUNTEER PLACEMENT WITH SCARBOROUGH DISABLED SWIMMING GROUP.

SIGNED \_\_\_\_\_ PARENT / GUARDIAN / TEACHER

NAME \_\_\_\_\_ DATE \_\_\_\_\_