

LEISURE CENTRES – IMS	Operating Procedures: 4.1	FORM REF: F234
	ISSUE: ONE	PAGE: 1 of 2
		DATE: 01/04/09



Activ8 Card Application Form

Once completed please return this form to Hermitage or Hood Park Leisure Centres in person where your Activ8 card will be issued and photograph taken. If you are applying for free swimming, please ensure that you bring proof of your age with you.

First Name: _____ Surname: _____
House No: _____ Postcode: _____
Tele No: _____ Mobile No: _____
Date of birth: ____ / ____ / ____ Activ8 card no*: _____
Email address: _____ * (to be completed by reception)

Completion of this part of the questionnaire is entirely voluntary and you may decline to complete all or part of it.

Section 1 - Data Protection (please tick all boxes that you wish to opt in to as a method of receiving information)

The following information provided will help us to keep you informed of special offers and activities that are provided.

Information from North West Leicestershire District Council:

All
 Mail
 Email
 Telephone
 Text

Third Party marketing information

I do wish to receive

All personal data will be processed in accordance with provisions of the Data Protection Act 1988 and the rights of the Data subject.

Section 2 – Monitoring Diversity (please tick one of the following boxes)

North West Leicestershire is committed to providing high quality services fairly and without discrimination to all members of the community. The following information will help us in our aim to continually improve the quality of our services for everyone and to identify if any particular areas of the community which are found to be under represented in comparison with data provided by the 2001 Census. The information you supply will be stored on our computer system against your record.

Prefer not to answer			
White	British	Irish	
	Any other (please specify)		
Dual Ethnicity	White and black	White and black	White and Asian
	Caribbean	African	
	Any other (please specify)		

continued

Asian or Asian British	Indian	Pakistani	Bangladeshi
	Any other (please specify)		
Black or Black British	Caribbean	African	
	Any other (please specify)		
Chinese or other ethnic group	Chinese	Any other (please specify)	
Gypsy/traveller		Polish	
Eastern European (please specify)		Other	

Disability (please tick all boxes that apply)

Do you consider yourself to have a disability or illness which limits your daily activity in any way?	Yes		No		Prefer not to answer	
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Please state the nature of your disability or illness

Physical impairment (eg, using a wheelchair to get around and/or difficulty using equipment)	
Sensory impairment (eg, being blind or deaf)	
Mental health conditions (eg, depression, schizophrenia)	
Learning disability (eg, dyslexia, Downs syndrome)	
Cognitive impairment (eg, autism, head injury)	
Long-standing illness or health condition (eg, cancer, HIV, diabetes, chronic heart disease)	
Other – please specify	

To be completed by over 16's only

Religion/Belief (please tick one of the following boxes)

Prefer not to answer	Christian	Buddhist	Hindu	Jewish
Muslim	Sikh	Other	No religion	

Sexual Orientation (please tick one of the following boxes)

Prefer not to answer	Heterosexual male	Heterosexual female
Gay Man	Lesbian	

The Data Controller is:

North West Leicestershire District Council, Council Offices, Coalville, Leicestershire, LE67 3FJ