**Registration Form**

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| **ABOUT YOU**  We ask for the following information in order to deliver SSF activities to you and to help us keep you safe. |
| Name:\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_\_\_\_  Date of birth:\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_  Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Postcode:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Please give details of someone who can be contacted in an emergency:  Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Relationship to you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Please give details of any medical conditions or allergies:  Please give details of any self-administered medications (e.g. inhaler, insulin, etc.):  Please tell us if you require any additional support when attending our sessions or anything else you think our staff need to be aware of (e.g. help with reading and writing, home living situation, preferred method of communication, etc): |

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| **MONITORING INFORMATION**  As a charity, we are required by our funders to request the information below. As a participant, you do not have to provide any of the information asked below if you don’t want to, but your responses will help us plan and improve our services for all our participants. | | | | | |
| **Would you describe yourself as:** | | | | | |
| Male *(including trans man)*  Female *(including trans woman)*  Non-binary | | | Prefer not to say  Don’t know | | |
| **Please show your ethnic origin by ticking one of the boxes below:** | | | | | |
| White – Scottish  White – Other British  White – Irish  White – Gypsy/Traveller  White – Polish  White – Other  Arab, Arab Scottish, or Arab British    Mixed or multiple ethnicities  Other ethnic group  Prefer not to say  Don’t know | | African - African, African Scottish or African British  African – Other African ethnicity  Black, Black Scottish or Black British – Caribbean  Black - Black, Black Scottish or Black British  Black – Other Black ethnicity  Asian, Asian Scottish or Asian British – Pakistani  Asian, Asian Scottish or Asian British – Indian  Asian, Asian Scottish or Asian British – Bangladeshi  Asian, Asian Scottish or Asian British – Chinese  Asian, Asian Scottish or Asian British – Other | | | |
| **Do you consider yourself to have any of the conditions listed below?** | | | | | |
| Blind or partially sighted  Deaf or hearing impairment  Mobility impaired / wheelchair user  Dexterity impairment  Difficulties with learning, understanding, or concentrating  Memory impairment  Difficulties with stamina, breathing, or fatigue  A social / communication impairment such as Asperger’s Syndrome / other autistic spectrum disorder  A behavioural difficulty  Memory impairment  Mental health condition  Any other disability, impairment, or medical condition, that is not listed above  None of the above  Prefer not to say  Don’t know | | | | | |
| **How would you describe your religion or belief?** | | | | | |
| None  Church of Scotland  Roman Catholic  Other Christian  Muslim | Buddhist  Sikh  Jewish  Hindu  Pagan | | | | Other religion or belief  Prefer not to say  Don’t know |
| **How would you describe your sexual orientation?** | | | | | |
| Straight / Heterosexual  Gay / Lesbian | Bisexual  Other | | | | Prefer not to say  Don’t know |
| **Which best describes your current marital or partnership status?** | | | | | |
| Single  Married  In a civil partnership | Divorced  Separated  Widow | | | | Other  Prefer not to say  Don’t know |
| **Which best describes your current maternity status?** | | | | | |
| Not pregnant  Currently pregnant  Have been pregnant within the last 12 months | | | | Prefer not to say  Don’t know | |
| **Does your gender differ from your sex assigned at birth?** | | | | | |
| Yes  No  Prefer not to say  Don’t know | | | | | |

Scottish Sports Futures are committed to GDPR compliance, and using and storing your personal data safely. We use your data to compile statistics and reporting data, which is shared with our funders, but you will not be able to be identified. For further information on how we handle and protect your personal information please refer to our privacy policy, which can be accessed via our website at: [www.scottishsportsfutures.org.uk/privacy-policy](about:blank)

**I consent to SSF using my data for this purpose** *(please tick)*

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Media Consent Form**

Scottish Sports Futures (SSF) use photographs and video footage of a wide range of people in materials to promote SSF and SSF programmes. These materials include posters, leaflets, display stands and banners, reports, and pages on our website.

I give full consent for me/my child to be interviewed, photographed and/or have my/their images or words used in written materials produced by SSF. SSF may publish photographs taken and/or statements made by me/my child.

I give SSF the right to use my/my child’s name, still photo or video image, or words (audio or text-based) in any media, for purposes including evaluation, training, research, promotion, marketing, recruiting, exhibits, national and regional media coverage or any other lawful purpose. I understand that any final editing of any interview/photography/videography/written materials done by the news media is not within the control of SSF and that SSF does not have responsibility for any story that may appear in the public domain.

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If under 16 years of age\*:

**Name of parent/guardian:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*If the child is under 12 years of age, the parent/guardian must sign.

If aged 12 years or over, but under 16, both the child and their parent/guardian must sign.

If 16 years or over, only the individual must sign.

If you wish us to discontinue use of a photograph or video clip, please let us know in writing, indicating, if possible, where and when the photo/video was taken. Email to: info@ssf.org.uk or send to: Scottish Sports Futures, The Legacy Hub, 301 Springfield Road, Glasgow, G40 3LJ. The photograph or footage will immediately be removed from our files. Although please be aware that our publications can have a shelf life of more than a year.