



Supported by
Disability Sport Yorkshire

Employability Course Registration Form - Scarborough

PARTICIPANT DETAILS

Please provide us with your personal information as requested below in order for us to facilitate your participation in our course:

First Name:

Last Name:

DOB: / /

Gender: Male/Female/Non-binary/Other: Prefer not to answer

Address:

Postcode:

Participant Contact No:

Participant Email Address:

EMERGENCY DETAILS

Emergency Contact No:

Emergency Contact Name:

Emergency Contact Relationship to Participant:

PREVIOUS EXPERIENCE AND EDUCATION

Please explain why you want to partake in this course:

Please confirm what experience you already have in volunteering/employment:

Please confirm if you have undertaken any post-school qualifications or courses? If so, what course did you do and what level was it at?

Would you be interested in doing other voluntary work which we could help arrange?

Yes / No / Not sure

MEDICAL DETAILS

PLEASE NOTIFY US OF ANY RELEVANT MEDICAL CONDITIONS (PHYSICAL, MENTAL AND 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.

CONSENT

In addition to facilitating your participation in our activity sessions, the Employability Scarborough Project (Disability Sport Yorkshire, Scarborough Disabled Swimming Group and its partners) 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 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 the Employability Scarborough staff team.

I have had all aspects of the course explained to me and I am satisfied that this course is suitable to my needs, and I will attend all sessions. I also confirm I have provided enough information about me to enable my safe participation.

Signed _____ Participant

Name _____

Signed _____ Parent / Guardian

(if participant is not able to give consent themselves)

Name _____

Project Lead: Claire Edwards, contactus@sdsg.org.uk

Using your personal information

We will process your personal information in accordance with the General Data Protection Regulation (GDPR) and the Data Protection Act 2018. We may use your personal information in a number of ways, but only for the purposes for which it was given, for example to provide you with the information or the services requested. We may share your information with other projects managed by SDSG, our contractors and external organisations and obtain information about you from other organisations where it is lawful to do so, for example to check the accuracy of information, to keep you safe or to enable you to participate in the activity/event. For further information on how we collect, use, share, secure and retain your personal information, and your legal rights, please see our Privacy Notice at sdsg.org.uk or by contacting SDSG. Our Data Protection Lead can be contacted by telephone 01723 363600 or email contactus@sdsg.org.uk.