

Application Form for Free Swimming

60 years and over

Please tick

Title	Prof/Dr/Mr/Mrs/Ms	Date of birth	
First name		Surname	
Address			
Postcode			
Tel no (home)		Mobile no	
email address		Start date	

Are you a current centre member? Yes No

If yes, what type of membership do you have? _____

Do you currently swim at: Ashbourne Leisure Centre Yes No Bakewell Pool Yes No
 Matlock Lido Yes No Wirksworth Leisure Centre Yes No

If yes, how many times a week do you swim? _____

Do you take part in any other exercise, physical activity or sport? Yes No

If yes, please tell us what _____

Including swimming and all your other activities, how many times, on average, do you take part in 30 minutes of physical activity a week?

None	<input type="checkbox"/>	Once a week	<input type="checkbox"/>	Twice a week	<input type="checkbox"/>	Three times a week	<input type="checkbox"/>	Four times a week	<input type="checkbox"/>	Five times or more a week	<input type="checkbox"/>
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What is your ethnic origin?


Asian	Black	Chinese or other ethnic group	Dual heritage	White
Asian British <input type="checkbox"/>	Black British <input type="checkbox"/>	Chinese <input type="checkbox"/>	White and black Caribbean <input type="checkbox"/>	British <input type="checkbox"/>
Pakistani <input type="checkbox"/>	African <input type="checkbox"/>	Any other ethnic group, please state	White and black African <input type="checkbox"/>	Irish <input type="checkbox"/>
Indian <input type="checkbox"/>	Caribbean <input type="checkbox"/>		White and Asian <input type="checkbox"/>	Other <input type="checkbox"/>
Bangladeshi <input type="checkbox"/>			Other dual heritage <input type="checkbox"/>	
Other Asian <input type="checkbox"/>				

Do you consider yourself to be a disabled person? Yes No

How did you hear about the Free Swimming scheme? Please tick all that apply.

<input type="checkbox"/> Poster display, where?	<input type="checkbox"/> Local radio
<input type="checkbox"/> Advert, where?	<input type="checkbox"/> Newspaper article
<input type="checkbox"/> Leaflet, from where?	<input type="checkbox"/> Family or friend told me
<input type="checkbox"/> Website, which one?	<input type="checkbox"/> b-active bus
<input type="checkbox"/> Other, please tell us how?	

If you would like to receive information about other Sport and Leisure activities, please tick here

 All information provided will be treated in confidence and in accordance with the Data Protection Act 1998. It will only be used to provide you with information about Sport and Leisure.

Signature _____ Date _____

For office use only: Ashbourne Leisure Centre Bakewell Pool Matlock Lido
 Wirksworth Leisure Centre

Proof of age shown _____ Membership number _____