

application...

22-59 lifestyle

please complete all of this form

PLEASE SIGN THE FORM AT THE BOTTOM

1. Personal Details

This section should be completed in full.
Please write clearly in BLOCK CAPITALS.

Title: Mr Mrs Miss Ms

Other: _____

First name: _____

Last name: _____

Address: _____

Postcode: _____

Tel No. (Home) _____

(Mobile) _____

Please tick preferred method of contact

Email: _____

Are you: male female

Do you consider yourself to have a disability or long term health issue?

for example, asthma, diabetes: yes no

Are you registered disabled: yes no

Date of birth

(e.g. for 7th March 1975 enter 07/03/1975)

| |

2. What is your employment status?

Working full time Working part time

Self-employed Long term sick

Full-time student Unemployed

Receiving benefits Retired

Government supported training scheme

Looking after home/family

Other

3. Which one of the following describes your ethnic origin?

Please tick ONE box only.

White

British

Irish

White Other

Mixed

White

White & Black Caribbean

White & Black African

Other Mixed

Asian or Asian British

Indian

Pakistani

Bangladeshi

Asian Other

Black or Black British

Caribbean

African

Black Other

Chinese or other ethnic group

Chinese

Other

4. If applying for lifestyle (£1.50)

Please indicate below the category which applies to you and note you will be required to bring relevant proof with you at the time of collection.

Working Adult (no proof required)

You could benefit from extra discounts if you are on one of the following

Low Income

Housing benefit, Council Tax benefit

Income Support

Current allowance book

Job Seekers

Signing on card

Modern Apprentice

Letter from employer

Full-time Students

Letter from college

Disabled

Notification letter or current allowance book

Carer

Notification letter or current allowance book

GP Referral / Steps to Health

letter confirming recent completion of course

5. Data Protection

In compliance with Data Protection Act 1998, all personal information is treated confidentially and not passed on to other organisations. If you do not wish to receive discounts, offers and information for our sports centres, libraries and events, tick here

6. Declaration

I certify that the information provided is correct. I understand and accept the terms and conditions of use.

Signature _____

Date: _____

For office use only

Card issued by (USER ID)

Date card issued:

Data inputted by (USER ID)

Card No:

Issuing site:

Comments:

Partial details entered by:

Full details entered by:

Proof seen by:

LS Adult £1.50 (22-59)

LS Concession £1.50 (22-59)

LS Casual