

OXFORD SWANS SWIMMING CLUB

for people with disabilities and for the elderly

Registered Charity No 1052858

HELPERS MEMBERSHIP APPLICATION FORM

(Please complete this form and bring it with you on your first visit)

Name of Helper	Emergency contact
Address	Address
Tel. Number	Emergency Tel. Number
Date of birth	Relationship
Email address:	

Please state any relevant skills; e.g. Swimming awards, Teaching skills, First Aid Previous experience:

.....

Please give below the name and address of TWO referees who have known you for at least TWO years:

Referee One:	Referee Two:
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We need to know that you can go in the water and are able to take part in other activities that the club may organise from time-to-time. You will be asked at the end of this form to certify (confirm) that you can go into the water and are able to take part in other activities which we may organise. For this reason, it is very important that you give us as much information as you can about your health.

Name of helper

Medical Information

Please give an indication of any medicine being taken:		
If you have a clinical diagnosis please let us know it here:		
Do you have any of the following?	Yes	No
Communication difficulties		
Visual difficulties		
Learning difficulties		
Hearing difficulties		
Fits /epilepsy		
Challenging behavior (please specify under additional comments)		
Autism		
ADHD		
Heart condition		
High/low blood pressure		
Asthma		
Bronchitis or breathing difficulties		
Nerve or joint problems		
Balance problems/ difficulties with movement		
Skin problems		
Brittle bones		
Diabetes		
Haemophilia		
Continence problems		
Are you a wheelchair user?		
Do you use a walking aid?		
Any Additional Comments		

- This club is affiliated to the Halliwick Association of Swimming Therapy
- The Club teaches using the Halliwick Concept. This involves physical support when needed. By signing below, it shows agreement with this.
- I understand that names, addresses and details of membership are stored securely on a computer to enable Oxford Swans to send information out to all its members.
- I wish to become a member of the OXFORD SWANS SWIMMING CLUB and I agree to abide by the club rules.
- I affirm that I consider my medical situation is such as to allow me to join the Oxford Swans Swimming Club
- I understand the information given above will be held in Strict Confidence
- I understand that Oxford Swans reserves the right to take up references
- If I do not already hold an Enhanced Disclosure and Barring Service (DBS) Disclosure, Oxford Swans will apply for one on my behalf.
- I understand that photos may be used occasionally by the club for promotional use only and I give my permission for my photo to be used. Yes No

Date:..... Signature:..... (Parent/Guardian signature if under 18)

<http://oxfordswans.com/>