



# Oxford Swans Swimming Club

Registered Charity No 1052858

## Membership Application/Renewal Form Part 2 – Health and Data Privacy Consent Form

If you are completing this form on behalf of a swimmer under 18, and/or a swimmer over 18 who is unable to complete due to a physical or cognitive difficulty, **please give your details in section at the end.**

### THIS FORM SHOULD TO BE READ AND COMPLETED BY ALL APPLICANTS:

Applications for membership cannot be processed unless this next section is read and understood, and the form is completed and signed. To the extent that boxes in the next section which are not ticked, a signature to this form will be deemed not to apply to the statement to which that unticked box relates.

Before signing this form, you should read each statement below carefully, and if you do, tick the box alongside each statement to indicate that you agree with the statement made.

Before signing the form, if you have any questions or concerns, please do discuss these with us or your doctor/health professional or other medical advisor as may be as appropriate.

Your name		Date of Birth	
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### Whom Should We Contact in an Emergency?

Please give details of the person we should contact in the event of an emergency:

Their full name		
Their relationship to you		
Their contact numbers	Primary	Alternative

### About Your Health

We need to know that it is safe for you to swim with Swans and for you to take part in other activities that the club may organise from time-to-time. You have been asked on the main membership form to certify (confirm) that you are safe to go into the water and 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, as this will help us to meet your needs as best we can and to keep you as safe as possible. If you are applying for family membership please give name, date of birth and health information for all helpers and family members who will be going in the water with you.

Name Date of Birth Do you have any of the following? <i>Please tick</i>	Swimmer / Helper (delete as appropriate)		1. Family member		2. Family member		3. Family member		4. Family member		5. Family member	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	Communication difficulties											
Visual difficulties												
Learning difficulties												
Hearing difficulties												
Challenging behaviour (please specify under additional comments)												
Fits /epilepsy												
Autism												
ADHD												
Heart condition												
High/low blood pressure												
Asthma												
Bronchitis/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?												
Do you have a clinical diagnosis? Please tell us here:												
Do you take any medication? Please tell us here:												
Any Additional Comments:												

**CONSENT CONCERNING PERSONAL INFORMATION TO BE PROCESSED BY THE CLUB**

Your privacy is important to us. You should have been provided with a copy of the club's privacy policy. If you have not been then please see our website - <https://oxfordswans.com/policies-procedures/> or email [oxfordswans@gmail.com](mailto:oxfordswans@gmail.com) and ask for a copy. You should not complete this form until you have read and understood the club's privacy policy.

We need to ask you whether you agree to certain personal information about you being processed by the club.

### 1. DIRECT MARKETING

We would like occasionally to send you general information about the club and its activities in the form of newsletters or informational emails/letters. By ticking the boxes on the main membership form (you can choose all or any preferred, **but you must choose one**) you consent to receive our newsletter and other informational communications from us.

We will not pass your details to third parties for direct marketing purposes.

**Please note:** Our preferred method is to contact you by email. It is cheaper and quicker for us. We are a small charity with just a few administrative volunteers. Due to time constraints it is not always possible for us to send communications by post or telephone.

### 2. INFORMATION ABOUT HEALTH AND DISABILITIES

The club is a swimming club for disabled people. This means that we need to process information about our members and prospective members concerning physical or mental health conditions (including any injuries) and any disability. This is so we can (i) comply with health and safety requirements (ii) ensure your health and safety (iii) assess your fitness to participate in any events or activities we organise (iv) provide appropriate adjustments to our sports facilities where that is reasonably possible and (v) promote a sports environment that is inclusive, fair and accessible. By ticking this box you agree, for the reasons given, to the club processing personal data about you concerning any physical or mental health conditions (including any injuries) and any disability you may have or have had.

By ticking this box, you agree to the club seeking further medical information or advice on the safety of you taking part in the club's activities if it reasonably considers this necessary.

### 3. VIDEO FOOTAGE AND PHOTOGRAPHY

Although infrequent in the week-to-week activities of the club, from time-to-time, those attending galas or special events at the club may wish to take video footage or photographs, either to promote the club or for their own private use. This may be a club member, or a visitor to the club such as a spectator, a member of the press or the mayor's office. By ticking this box, you consent to that.

We will not pass your details to third parties for direct marketing purposes.

**4. DBS CHECKS AND REFERENCES** (to be completed only if you applying to be a helper)

The safety and welfare of all our club members is vital. If you are over 16 and applying for membership of the club as a volunteer, by ticking this box, you consent to the club arranging for a DBS check to be carried out on you and, for that purpose, processing your personal data as necessary to facilitate that. We currently arrange necessary DBS checks through our affiliation with Oxfordshire Youth.

We take the safety and welfare of all of our club members very seriously. Please provide details of two referees whom the club may contact.

Referee 1	Referee 2
Their name	Their name
Their address and postcode	Their address and postcode
Their email address	Their email address
Their telephone number	Their telephone number
How does this person know you?	How does this person know you?

If you are over 16 and applying for membership of the club as a volunteer, by ticking this box, you consent to the taking up a reference from any referee that you have provided and, for that purpose, processing your personal data as necessary to facilitate that.

**TO BE READ AND COMPLETED BY ALL APPLICANTS:**

To the extent that you have agreed to any of the above statements at 1-4 above and have shown that agreement by ticking the relevant box and signing this form, you can withdraw your agreement to any one, a number of, or all of the above statements at any time. If you do so, this will not affect your membership of the club unless by withdrawing your agreement to any one or more of the above, your membership cannot reasonably continue. If you would like to withdraw any consents you have given or discuss any queries further then please contact [oxfordswans@gmail.com](mailto:oxfordswans@gmail.com)

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Signature of applicant:

Date

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(Parent/guardian if applicant under 18 or other responsible person)

Print name:

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If you are completing this form on behalf of a swimmer under 18, and/or a swimmer over 18 who is unable to complete due to a physical or cognitive difficulty, please give your details in section below:

Your name	
Your address and postcode	
Your telephone number	
How do you know the applicant?	

Sending this form to us:

- If you are applying for membership for the first time, and **you wish to swim within the next week**, please hand in this completed form (together with an accompanying Part 1 - Personal and Contact Details, if you have opted to complete that on paper and not online) **at your first session**.
- Otherwise, please post this form to:  
**Matt Robinson, Swans Membership Secretary, Barn End, Middle Aston, Bicester, Oxon, OX25 5PX**