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| **This information will be stored on our Database and handled in line with our Privacy Policy.** |
| **Personal Details** |
| Full name:  | Date of Birth: |
| Home address: | Postcode:  |
| Email address: | Mobile: |
| Sailing experience/qualifications:  |
| **Preferences** | **Please Circle Below** |
| Would you like to receive Horizons text messages (e.g. when we cancel a session)? | Yes | No |
| Would you be willing to drive the minibus? (You need a D1 entitlement and be aged 25-70) | Yes | No |
| Do you agree to follow the Horizons (Plymouth) Code of Conduct?  | Yes | No |
| Do you give permission for Horizons to administer any relevant treatment or medication to you when or if necessary (e.g. First Aid, or Use of an epi-pen) | Yes | No |
| In an emergency I authorise Horizons to take me to hospital and give my full permission for any treatment required to be carried out in accordance with the hospital’s diagnosis. I understand that my emergency contact will be notified, as soon as possible, of the hospital visit and any treatment given by the hospital. | Yes | No |
| Do you consent to a DBS check being carried out where necessary? | Yes | No |
| If your current DBS check is transferable; please provide the Update Service ID number.  |  |
| It is your responsibility to inform us if any of the relevant details have changed since your last DBS check. Please complete a Self Declaration Form if this is your initial application to Horizons, or if your details have changed.  |
| **Emergency Contact Details** |
| Full name:  | Relationship:  |
| Mobile:  | Landline:  |
| Home Address:  | Same ☐ |  |
|  | Postcode: |
| **References: (**To be completed on initial application only**)** |
| Please give details of two people (not friends/family) who have known you for at least 2 years |
| Full Name: | Full Name: |
| Address: | Address: |
| Email: | Email: |
| Contact Number: | Contact Number: |
| Connection to you: | Connection to you: |

**Fitness to take part and health declaration**

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| Are there any Medial or other reasons why you believe you may require some special consideration?If you circled yes, please provide details in the Further Information Section  | Yes | No |
| Signature: | Date: |

**Further Information**

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| --- |
| Name: |
| If you circled “Yes” in the Fitness to take part section, please provide additional details here. E.G. Do we need to know about any coping strategies, or medication that relate to the safety of participants while on or off the water. |

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| I confirm that I have given Horizons the medical information listed on this page (if any) for the purposes of my participation in Horizons activities. I understand that this information will only be used for that purpose and will be retained for as long as necessary to comply with Horizons legal obligations.  | I agree | I do not agree |