WESTMORLAND COUNTY FOOTBALL ASSICIATION LIMITED



**GIRLS PDP - PERSONAL INFORMATION 2018/19**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Title |  |  | Date of Birth  |  |  | Place of Birth |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Forename |  |   | Surname |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Address |  |  | Home No |  |
|  |  |
| Mobile No |  |

|  |  |
| --- | --- |
| Email Address |  |

**Ethnic Background**

Please choose one category from A to E and then mark “x” in the appropriate box to indicate your ethnic background

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **A White** |  | **B Mixed**  |  | **C Asian or Asian British** | **D Black or Black British** |
| English  |  | White & black Caribbean |  | British Indian  |  | British Caribbean |  |
| British |  | White & black African |  | Indian |  | Caribbean |  |
| Irish |  | White & Asian |  | British Pakistani |  | British African |  |
| Scottish |  | Mixed background |  | Pakistani |  | African |  |
| Welsh |  |  |  |  British Bangladeshi |  |  |  |
| White European |  |  |  | Bangladeshi |  | **E Chinese or Other Ethnic Group** |
| White Non-European |  |  |  |  |  | British Chinese |  |
| Other |  | Do not wish to disclose  |  |  |  | Chinese |  |
|  |  |  |  |  |  | Other background |  |

**Disability**

Do you consider yourself to be a disabled person Yes No Do not wish to disclose

If you have indicated yes please mark ‘X’ in all the boxes that apply to you:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Visual Impairment |  | Hearing Impairment |  | Physical Impairment |  | Mental health issues  |  | Learning Disability |  |

**Medical Details**

Please indicate if you have any medical conditions we should be aware of e.g. asthma.

……………………………………………………………………………………………………...

In the event of an accident and we cannot make contact with you, are you happy for medical attention to be given? (Please tick) Yes No

**Photographic Images**

Westmorland County FA or any invited member of the press may take photographs to publicise the Westmorland County FA activities. No addresses or telephone numbers of anybody included in the photograph will be published. If you do **not** wish to be included in photographs please tick here.

**Emergency Parent/Carer Details**

Status (please tick) Mr Mrs Ms Other 

Full Name …………………………………………………………………………………………………………

Emergency Telephone Number ……………………. Mobile Number ………………………………………

In the event that the above named person cannot be reached, please give an extra emergency contact names and numbers and indicate their relationship, e.g. aunt, neighbour, friend.

Full Name ………………………………………….. Relationship ……………………………………………

Emergency Telephone Number ……………………. Mobile Number ……………………………………..

**Player Information**

Age Group: …………………………………………………………………………………………………….

Position: ………………………………………………………………………………………………………..

Club/s: …………………………………………………………………………………………………...........

**Changes of Details**

It is your responsibility to notify the Westmorland County FA Office of any change of contact details.

**Data Protection Act**

How we use personal data

We will use personal information only for the purposes for which we have been provided such with such information. The reason we need participants and members personal data is to be able to manage the County FA, administer leagues and support football clubs; to administer memberships; to deal with sanctions. Our lawful basis for processing personal information is that we have a contractual obligation to individuals as participants or members to provide services of a county football association.

A full copy of the organisations Data Protection Policy and Privacy Notices are available at www.WestmorlandFA.com

Please return this form to:

Westmorland County Football Association Limited

35/37 Appleby Road, Kendal, LA9 6ET

Or email it as an attachment to James.Pattison@WestmorlandFA.com