

Officiating Course Booking Form



When applying for an England Netball Course please complete **ALL** information on this booking form

| Course Details | | | |
|---|---|---|-----------|
| Name of Course: | | | |
| Course Date | | Course Venue | |
| Learner Details | | | |
| Learner Full Name | | | |
| Contact Email | | | |
| Telephone | | Mobile | |
| Learner Address | | | |
| City/Town | | Postcode | |
| England Netball Region | | England Netball County | |
| England Netball Affiliation Number | | Please note that all learners should be affiliated to England Netball to attend courses | |
| Emergency Contact Details | | | |
| Emergency Contact Name | | | |
| Emergency Contact Number | | | |
| Medical Information (Please state all medical conditions e.g. epilepsy, asthma, diabetes, allergies etc.) | | | |
| | | | |
| Please list below any Officiating and Netball Experience you have | | | |
| | | | |
| Are you able to actively take part in the game of netball? | Yes | <input type="checkbox"/> | No |
| If no please detail reason | | | |
| Please note: For some practical workshops participants may need to be actively involved in netball skills and drills. If you are not able to actively take part, please inform the course organiser at the point of booking. | | | |
| Cost & Payment Details | <i>Cost and payment details can be obtained from the Course Organiser</i> | | |
| Cancellation Policy | Requests to cancel a booking should be directed to your Course Organiser and will be considered on an individual basis. | | |

*****PLEASE TURN OVER****

Template 2

The Disability Discrimination Act 1995 defines a disabled person as anyone with a 'physical or mental impairment which has a substantial and long-term adverse effect upon his/her ability to carry out normal day to day activities'.

| | | | |
|--|-----------------------------------|--|-----------------------------------|
| Do you consider yourself to have a disability? | | | |
| If Yes, what is the nature of your disability? (Please advise us if you require learning support whilst attending the course) | | | |
| Visual <input type="checkbox"/> | Learning <input type="checkbox"/> | Hearing <input type="checkbox"/> | Multiple <input type="checkbox"/> |
| Physical <input type="checkbox"/> | Other <input type="checkbox"/> | Prefer not to say <input type="checkbox"/> | |

England Netball practices a policy of equitable provision of goods and services to all groups. Please help monitor who is receiving services by filling in the following information:

| | | |
|--|---|--|
| Are you male or female? | | |
| Date of Birth | | |
| What is your ethnic group? | | |
| White or White British <input type="checkbox"/> | Mixed White & Black Caribbean White & Black African White & Asian Other Mixed | Chinese or Other Ethnic Group Chinese Other Ethnic Group <input type="checkbox"/> |
| Black or Black British <input type="checkbox"/> | Asian or Asian British Indian Pakistani Bangladeshi Other Asian | Prefer not to say |
| Other Black Black Caribbean <input type="checkbox"/> African <input type="checkbox"/> Other Black <input type="checkbox"/> | | Unknown |

Data Protection and Privacy Statement

You are entering into a contract with England Netball subject to the following terms and conditions:

When you apply to attend an England Netball course, England Netball creates a record in your name, which includes the personal data you have provided on your Course Booking form as well as documentation generated as a result of your participation in the course.

You must complete the above Course Booking form, in full, before participating in the course you are enrolling on. England Netball will retain the personal information you provide on the Course Booking form. The lawful basis for processing is "Performance of Contract".

Relevant information will also be shared with the course workforce to facilitate them to provide a quality delivery and support for the learners on the course. This includes medical information for the purposes of ensuring that the workforce can ensure a safe environment for you.

As a registered Official you may receive Officiating correspondence from England Netball. Please inform England Netball if you do not wish to receive such correspondence. The information provided on this form will be used by England Netball to support the development of Netball.

We are legally obliged to record ethnicity and disability data for the purpose of identifying the existence or absence of equality of opportunity, with a view to enable such equality to be promoted or maintained. You have a right to request a copy of the personal data that England Netball holds about you at any time. If you wish to do so, please email company.secretary@englandnetball.co.uk. For further information about what data we collect, why it is collected and what we do with it, please see our full privacy policy at www.englandnetball.co.uk/privacypolicy.

Signed: _____ Date: ____/____/____

For Candidates under 16 years of age

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: ____/____/____

FOR OFFICAL USE ONLY (Course Organiser to complete):

Any further action required:

.....
.....
.....

Payment received: Yes No

Place confirmed Yes No