



**Swimming**  
for people with a disability

## Helper Application/Renewal

Title	First Name	Surname
Date of Birth	Telephone	Email *
Address		Postcode

\* Please include an email address as it's the Club's preferred method of communication.

Are you a member of Watford Leisure Centre Central?

Yes/No	Membership Number
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Emergency Contact

Name	Telephone
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Have you completed a Safeguarding Level 1 course?

Yes/No	Date	Location
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Have you completed a Disclosure and Barring Service (DBS) check?

Yes/No	Date	Number
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Please detail any disability, or changes to your disability, that may impact your ability to be a Helper.

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Please detail any relevant qualifications, or changes to your qualifications.

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**Declaration**

I agree to abide by the Club’s guidelines and policies.	Yes / No
I confirm that all the information in this application is accurate and complete to the best of my knowledge.	Yes / No
I have read and understood the information in the Club’s Helper Information Pack including the Club’s Safeguarding Policy.	Yes / No
I agree to be registered as a member of Watford Leisure Centre Central and for my details to be shared with them.	Yes / No
I give permission for any photographs taken of me during activities with the club to be used for promotional purposes.	Yes / No
I give my permission for my name to be used in conjunction with any photographs of me that are used for promotional purposes.	Yes / No
I want the club to reclaim tax on any donations and membership fees paid to the club from the date of this declaration until I notify the Club otherwise. I confirm that I am a UK tax payer and that I pay income tax or capital gains tax equal to the amount of tax the club can reclaim.	Yes / No

Signed: .....

Date: .....

Name: .....

Applicant	Parent	Guardian
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Note: If the member is under 16 years old a parent or guardian must sign this form.