

OFFICE USE ONLY
Application Received
Cash/Cheque/SO
Acknowledged
Approved by Committee
Pack Sent
Membership No.



SAILING FOR THE DISABLED

APPLICATION FOR MEMBERSHIP

(Please complete in block capitals)

* represents a required field



Disabled membership is open to a person, of 12 years and over, who has any intellectual or physical disability, or has a condition which means they might benefit from the services the charity can offer. Such conditions could include ME, depression, diabetes, cancer etc.

NAME*

DATE OF BIRTH*

ADDRESS*

HOME PHONE NO.* **MOBILE NO.**

EMAIL

Do you have any sailing experience? Yes/No* (Delete as necessary)
 Do you have any RYA qualifications? Yes/No* (Please give details—continue on separate sheet if necessary)

EMERGENCY CONTACT AND RELATIONSHIP TO YOU*

EMERGENCY CONTACT PHONE NO*

MEDICAL DISCLOSURE—Please give details of any condition and any regular medication you take

WHAT INVOLVEMENT WITH THE CHARITY WOULD YOU ENJOY? (Please tick all that apply)

SAILING
 ADMINISTRATION
 FUND RAISING
 SOCIAL ACTIVITIES
 FRIEND OF SAILING FOR THE DISABLED

VETTING—The welfare of all our members including those under 18 and the adult vulnerable are of paramount importance to us. For this reason, we have a Young Person and Vulnerable Adult policy, and **ALL** able bodied adults who sail with the organisation must consent to being vetted by the Isle of Man Vetting Bureau.

WELFARE—The Skipper holds complete responsibility for your safety and that of others on board our vessel. There may be occasions when photos will be taken for publicity purposes. If you have any objection to your photograph appearing in the newspaper or on our website, please tick here

TRAINING—Members wishing to become crew members are required to undertake Awareness Training and be prepared to act as crew/carers to disabled members who sail with us. Basic sail training must also be undertaken.

DUTY OF CARE—As a responsible organisation we make every effort to ensure the safety of all who come sailing with us. A “No Smoking” policy is adopted on our vessels. Our Mission Statement and Code of Practice is available to all members both in hard copy and on our website www.sfd-iom.com

CHANGE OF CIRCUMSTANCES— Any change in your circumstances i.e. your address, email address, telephone number etc. should be forwarded to the Membership Secretary. Any changes in your medical information should be given to the skipper when you sail.

I wish to apply for membership of Sailing for the Disabled and enclose my membership fee (renewable on 1st April each year).

Signature..... Name in block capitals

Date..... £10.00 fee enclosed cash/cheque/standing order form* (delete as applicable)

Parent/guardian’s signature if under 18 years

Name & address of parent/guardian.....

PLEASE RETURN YOUR COMPLETED FORM TO THE MEMBERSHIP SECRETARY, 42 WYBOURN DRIVE, ONCHAN, IM3 4AN

CREW/CARER INFORMATION REQUIRED

How did you hear about Sailing for the Disabled?	
Do you know any of our members?	
Why do you want to join and what can you bring to the Charity?	
How frequently do you think you will be able to sail?	
Do you have any experience with disabled people? If yes, please give details.	
Any other relevant information	