



SAILING FOR THE DISABLED

Manx Charity 325

APPLICATION FOR MEMBERSHIP

* represents a required field. Please complete in block capitals.

COMPLETED FORM should be returned to:
The Membership Secretary, 42 Wybourn Drive, Onchan, IM3 4AN



CONDITIONS OF MEMBERSHIP

Application for sailing membership is considered from able applicants, aged 18 years and over. They should be prepared to sail as a crew/carer, helping a member with disability, which requires a level of fitness, agility and the capability of being responsible for another person. They will also be required to undergo Disclosure Barring Service (DBS) checking, awareness and sail training. Young people aged 12-17 years wishing to join in this capacity must be a sibling of a member with disability. If you hold a DBS certificate less than one year old, a copy of this should be included with your application.

Disabled membership is open to a person, of 12 years and over, who cannot meet the above requirements and who has any intellectual or physical disability, or a condition which means they might benefit from the services the charity can offer. Such conditions may include ME, depression, diabetes, cancer etc.

Non-sailing membership is open to anyone who wishes to support the charity and who might be prepared to help with fund-raising, administration and social activities.

GENERAL INFORMATION

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 that is available for download from our website www.sftd-iom.com and **ALL** able bodied adults who wish to sail with the organisation must consent to being vetted.

WELFARE—The Skipper holds complete responsibility for your safety and that of others on board our vessel.

TRAINING—Members wishing to become crew/carers as per the above criteria are required to undertake awareness and sail training once their DBS form has been submitted to the relevant authority.

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.sftd-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.

PUBLICITY—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 indicate this by ticking the box.

MEMBERSHIP FEE— The annual subscription is currently £10 per year payable on the 1st April each year. To reduce the running costs of the charity payment by standing order is preferred. Anyone not renewing their subscription by the 30th April will be removed from the membership list

DATA PROTECTION CONSENT STATEMENT

Sailing for the Disabled holds personal information in order for the charity to operate its membership role and to provide services for its members. We use the information to contact you about membership services as well as making you aware of any aspects of the Charity's operations which may impact upon you. Sailing for the Disabled is legally bound by the General Data Protection Regulations to ensure that any data they hold on individuals is relevant, accurate and not excessive. Additionally, it must be fairly and lawfully processed, held for defined purposes, be accurate and up to date, not kept for longer than necessary, processed in line with your rights and must be secure. We will ensure that all data held is treated in accordance with these principles. How we will do this is outlined in our Privacy Policy which can be found on our website at www.sftd-iom.com.

Please rest assured that we will not be selling or misusing any personal data and we do not intend to contact you too often; we merely need your formal agreement for us to use your data to establish routine correspondence in line with your membership of the Charity. To opt out at any time, please email secretary@manx.net with your request.

PLEASE CONTINUE OVERLEAF

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By signing this form, I am giving explicit consent to process my information for the purposes of maintaining my membership that I hold with Sailing for the Disabled.

I agree/disagree to the following statements	Yes/No*
Sailing for the Disabled may hold my personal data and process it in order to advise me of news and events	
Sailing for the Disabled may hold my personal data and process it in order to process my membership and subscriptions	
Sailing for the Disabled may hold my personal data and process it for any membership related applications	

I HAVE READ AND UNDERSTAND THE ABOVE CONDITIONS AND WISH TO APPLY FOR MEMBERSHIP OF SAILING FOR THE DISABLED IN THE FOLLOWING CATEGORY:

- *Sailing as a crew/carer
- *Sailing as a member with a disability
- *Non-sailing
(*Please delete as appropriate)

Signature.....Name in Capitals.....Date.....

For applicants under 18 years of age only As the parent/guardian of an applicant under the age of 18 years, I give my permission for (Name)..... to sail accompanied by a crew/carer supplied by Sailing for the Disabled when a carer nominated by me is unavailable.

Signature.....Name in capitals.....Date.....

Address.....Postcode.....

Payment enclosed: Amount £..... Method: Standing Order*/cheque*/cash* (delete as applicable)

To reduce the time and cost of administration, it would be appreciated if payment subscriptions were made by Standing Order. The required form may be downloaded from our website www.sftd-iom.com

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

SAILING	ADMINISTRATION	FUND RAISING	SOCIAL ACTIVITIES	EVENT ORGANISING
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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.	

FOR OFFICE USE ONLY

Date application received	Date acknowledged	Payment method	Forwarded to Vetting Officer	Vetting form submitted
Sent to Committee	Approval received	Membership letter sent	Membership No.	

***PERSONAL DETAILS**

Mr/Mrs/Ms/Miss/Other (<i>*delete as necessary or indicate title</i>)	Forenames	Surname
Address Post Code		Date of birth
		Home Tel No.
		Mobile No.
Occupation	Email address	
Name of person to contacted in event of an emergency and their relationship to you		Emergency contact's phone number

***MEDICAL DISCLOSURE**

Do you have a medical condition **Yes*/No*** *Delete as necessary*
 If YES, give details *(please continue overleaf if necessary)*

Are you medicated for this **Yes*/No*** *Delete as necessary*
 If YES give details of this, and any other medication taken by you *(please continue on separate sheet if necessary)*

Do you need help in administering any of this medication, or need reminding to take it? **Yes/No***
 If yes, give details

Do you have any allergies? **Yes/No***
 If yes, give details

Do you carry an Epi pen? **Yes/No***
 Where is it normally kept?

SAILING or OTHER EXPERIENCE RELEVANT TO THIS APPLICATION

Do you have any sailing experience? **Yes/No*** *(if yes please give details)*
 Do you have any RYA qualifications? **Yes/No*** *(if yes please give details)*

Have you any experience with disabled people? **Yes/No*** *(if yes please give details)*

Any other relevant information

ADDITIONAL INFORMATION: