



## High Peak Inclusive Club Information

**Club Name:** .....

### Interesting Club Information:

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**Training Day:** .....

**Training Times:** .....

**Cost:** ..... **Age Range:** .....

**Level of Inclusiveness:** Our Club Caters for;

None	<input type="checkbox"/>	Learning Difficulties	<input type="checkbox"/>
Visual Impairments	<input type="checkbox"/>	Physical Impairments	<input type="checkbox"/>
Hearing Impairments	<input type="checkbox"/>	Other (Please Specify) .....	
All Disabilities	<input type="checkbox"/>		

Please be honest about who can be included in your club/activity and consider the impairment specific information carefully.

If you would like some help in developing more opportunities for disabled people please indicate.

### Contact Details

**Name:** .....

**Address:** ..... **Post Code:** .....

..... **Tel:** .....

..... **E-mail:** .....

**Fax:** ..... **Website:** .....

**Facility Accessibility** (Please Tick)

<b>Accessible Toilets:</b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<b>Accessible Changing Facilities:</b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<b>Wheelchair Accessible:</b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<b>Guide Dogs Welcome:</b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<b>Hearing Induction Loops:</b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

**Additional Information**

**Number of Coaches:** .....

**No. of Level 1 Coaches:** .....

**No. of Level 2 Coaches:** .....

**No. of coaches with additional qualifications – please specify** (e.g. Sportsability, Coaching Disabled Footballers, ASA Teaching & Coaching Swimmers with a Disability etc) :

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.....

**Disability Only Sessions:**  **or** **Inclusion into Mainstream Club Sessions:**

(Please specify one by a tick)

**Current Attendance of Disabled People:** .....

(Please provide approx. figures on numbers participating)

**Does Your Club Have A Child Protection Policy:** Yes  (Please tick if Correct)

**Does your club offer support to individuals who have a disability, if so, please give details:**

.....  
.....

**Other Relevant Information:**

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

**IMPORTANT: PLEASE COMPLETE THE FOLLOWING DATA  
PROTECTION SECTION**

**Data Protection Action 1998** (Please Read Carefully)

Your responses in this questionnaire are classified as personal data, which will be used by High Peak Borough Council to inform the public of club details and utilise for Best Value purposes. This data will be kept in electronic and paper formats and updated annually by High Peak Borough Council. We are required by the Data Protection Act 1998 to obtain your explicit consent of the people named in this questionnaire before processing, maintaining and passing on such information to the public.

Please make sure that all people included on this form have given their express consent for the above.

Please tick this box if those people named in this questionnaire do not want us to process, maintain and pass on such information to the public:

If you do not tick the above box, High Peak Borough Council will assume that the people named in this questionnaire have consented to the processing, maintaining and passing on of this information.

**Web Sites**

The Club contact information will be published on High Peak Borough Council's Sports Development website to enable the public to access club contact information electronically.

If you do not want this information to be published on this website, please tick here:

**Mailing**

We may mail directly Club/Coaching information which we believe may be of interest to your club/coaches.

If your club/coaches prefer not to receive such mailings, please tick here:

**Directory Disclaimer**

High Peak Borough Council cannot accept any responsibility for any changes to the details given in this questionnaire post release of any sports directory.

Please sign below if you as an elected officer of the club, confirm that all the information is correct in this questionnaire and that you have read and agree with the above disclaimer.

Please indicate your elected post within the club: **President / Chairperson / Secretary**  
(please delete as appropriate)

Please PRINT:

Mr/Mrs/Ms/Dr: ..... First Name: .....

Last Name: .....

Signature: .....

Telephone Number (inc. code): .....

**THANK YOU FOR COMPLETING THE QUESTIONNAIRE**  
This form is available in large print and Braille - please phone  
0845 129 77 77

Please return via e-mail to [dawnr@highpeak.gov.uk](mailto:dawnr@highpeak.gov.uk)