



## FUNCTIONAL ABILITY CARD - APPLICATION FORM

Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Sex: MALE / FEMALE

E-mail: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

ASAWASA/SASA Membership Number: \_\_\_\_\_

Club Name/s: \_\_\_\_\_

Classification Details: S \_\_\_\_\_ SB \_\_\_\_\_ SM \_\_\_\_\_

Who is your classification registered with? e.g. IPC, BS, BBS, INAS etc.

\_\_\_\_\_

### Data Protection Statement:

British Swimming will use your personal data for the purpose of your involvement in Disability Swimming and I understand that by submitting this form, I am consenting to receiving information about Disability Swimming by post, email, SMS/MMS, online or phone unless stated otherwise.

I give permission for British Swimming to contact the above organisation/s on my behalf to confirm my classification details.

Signed: \_\_\_\_\_ (Swimmer)

Signed: \_\_\_\_\_ (Parent or guardian if under 18)

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Please include one current passport sized photograph with this form.**

### Please return to:

National Disability Office  
Macclesfield Leisure Centre  
Priory Lane  
Macclesfield  
Cheshire  
SK10 4AF

E-mail: [disability@swimming.org](mailto:disability@swimming.org)