



Sailability Sessions

To be completed for all persons wishing to apply to sail. These details are necessary to assess individuals sailing requirements and support. (Please write clearly)

Name: _____ Age: _____ DOB _____ Sex: M/F

Address: _____

Postcode _____ E-mail _____

Phone: Home _____ Mobile _____

If appropriate, what is the name of your support assistance accompanying you to sessions

Name of carer _____ Telephone _____

NEXT OF KIN : Name _____ Relationship: _____

Address: _____

Postcode: _____

Phone : Home _____ Work _____ Mobile _____

Type of disability: Tick any which may apply

- | | |
|--|---|
| <input type="checkbox"/> Physical | <input type="checkbox"/> Learning Disabilities |
| <input type="checkbox"/> Visual | <input type="checkbox"/> Autistic Spectrum Disorder |
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Language-based difficulty | <input type="checkbox"/> Dementia |
| <input type="checkbox"/> Health/ Medical Condition | <input type="checkbox"/> Mental health condition |
| | Other |

Are you a wheelchair user: Yes No

What kind of special assistance or support do you require? _____

Do you need use of a hoist? Yes No

If yes, please state if you have a hoist plan and what it says _____

Please turn over



Do you consent to photos being taken and used by All-Aboard: Yes No

Do you consent to receiving our mailing list to receive our newsletter and promotional material: Yes No

Signature of Applicant /Carer _____ Date: _____

Please return by e-mail to:

admin@allaboardwatersports.co.uk or by post to All-Aboard! Watersports, The Sailing Centre, Underfall Yard, Baltic Wharf, Cumberland Road, BRISTOL BS1 6XG.