**Sailability/ Paddlability/ Powerability Sessions**

To be completed for all persons wishing to apply to attend. These details are necessary to provide the best level of support we can deliver. Please give as much detail as you can and be specific. (Please write clearly)

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_ DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sex: M/ F / non-binary / other (*please inform us if you wish us to use certain pronouns)*

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Name of carer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NEXT OF KIN** :

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone : Home / work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of disability: Tick any which may apply:

 [ ]  Physical [ ]  Learning Disabilities

 [ ]  Visual [ ]  Autistic Spectrum Disorder

 [ ]  Hearing [ ]  Epilepsy

 [ ]  Language-based difficulty [ ]  Dementia

 [ ]  Health/ Medical Condition [ ]  Mental health condition

 [ ]  Behavioural difficulties

 Other …………………………………………………….

 Are you a wheelchair user: [ ]  Yes [ ]  No

**Please turn over**

 Do you require support to transfer i.e. hoist? : Yes No

**Please be specific and state what needs or challenges you have**

 i.e. struggles to wait, sensory sensitive, has pain, certain triggers or behaviours we should be aware of.

(*N.B. This is so we can support you during the sessions and provide the safest most comfortable experience for you.)*

 Do you have previous experience with sailing or powerboat activities? [ ]  Yes [ ]  No

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

