

Pre Application Criteria Form

(Mr/Mrs/Miss/Master) 1st Name.....Surname.....

Address.....

.....

1. Are you disabled or recovering from illness or operation? Yes / No
If Yes, is it long term? Yes / No or Short term? Yes / No
2. Does the prospective member live in the St.Albans and District Area? Yes / No (if Yes go to Q5)
If No, which area do you/they live in?.....
3. Does your/their local swimming pool offer swimming for the disabled? Yes / No
If Yes, reason why you/they do not wish to join their club?.....
.....
.....
4. Do you/they have family or friend who is a disabled member of our Club? Yes / No
If Yes, please state name and relationship?.....
5. How did you find out about The Salmon Club?.....

*Please note if you answered No to question 2 the Salmon Club has the right to decline your application and refer you to the appropriate club in your area. The other information (Q's 3 & 4) you fill in will help us decide whether we accept your application under **welfare or health and safety**, this decision will be made by the executive team.*