

**English Table Tennis Association
Individual Registration Form 2009/10**

AFF4L
May 2008

League	_____
Club	_____
Team	_____

Personal Information

Current Data

New Data/Amendments

Title	_____	_____
Forename	_____	_____
Family name	_____	_____
Address	_____	_____
Postcode	_____	_____
Date of Birth	_____	_____
Gender	_____	_____
Home tel.	_____	_____
Work tel.	_____	_____
Mobile tel.	_____	_____
E-mail	_____	_____

To help the League and the ETТА to monitor membership and participation please complete the following sections and the Activity Survey opposite.

With which of the following ethnic groups do you most closely identify?			
Current Data:	_____		
White - British	<input type="checkbox"/>	Mixed - White and Black - Caribbean	<input type="checkbox"/>
White - Irish	<input type="checkbox"/>	Mixed - White and Black - African	<input type="checkbox"/>
White - Any other*	<input type="checkbox"/>	Mixed - White and Asian	<input type="checkbox"/>
Asian or Asian British - Indian	<input type="checkbox"/>	Mixed - Any other*	<input type="checkbox"/>
Asian or Asian British - Pakistani	<input type="checkbox"/>	Black or Black British - Caribbean	<input type="checkbox"/>
Asian or Asian British - Bangladeshi	<input type="checkbox"/>	Black or Black British - African	<input type="checkbox"/>
Asian or Asian British - Any other*	<input type="checkbox"/>	Black or Black British - Any other*	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	Other*	<input type="checkbox"/>
*Please specify 'other' _____			

Do you consider yourself to have a disability?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If 'Yes' with which of the following groups do you most closely identify?		
Visual Impairment	<input type="checkbox"/>	Hearing Impairment <input type="checkbox"/>
Physical Disability	<input type="checkbox"/>	Learning Disability <input type="checkbox"/>
Multiple Disability	<input type="checkbox"/>	Other (please specify): _____
Do you have any disability, which limits your daily activities or the work you can do? (Including those due to old age)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have any long-term illness or health problem, which limits your daily activities or the work you can do? (Including those due to old age)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Activity Survey

Are you a social member of the Club only?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Playing: are you a table tennis player?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If 'Yes' how often on average did you play in the previous 12 months? (tick one)		
Not at all	<input type="checkbox"/>	Less than once a month <input type="checkbox"/>
Once a week	<input type="checkbox"/>	3 or more times a week <input type="checkbox"/>
Coaching: do you coach table tennis?		
Yes	<input type="checkbox"/>	No <input type="checkbox"/>
If 'Yes' how long on average did you coach in the previous 12 months? (tick one)		
Not at all	<input type="checkbox"/>	Less than 1 hr per week <input type="checkbox"/>
4-6 hrs per week	<input type="checkbox"/>	7-14 hrs per week <input type="checkbox"/>
		15+ hrs per week <input type="checkbox"/>
Do you hold a current coaching qualification? (if yes tick all that apply)		
ETТА	<input type="checkbox"/>	level: _____
UKCC	<input type="checkbox"/>	level: _____
	Interested?	Yes <input type="checkbox"/>
Are you paid for the coaching you do? (tick one)		
Paid full-time (more than 30 hrs/wk)	<input type="checkbox"/>	Paid part-time (less than 30 hrs/wk) <input type="checkbox"/>
		Unpaid (voluntary) (incl. expenses only paid) <input type="checkbox"/>
Volunteering: are you a table tennis volunteer?		
Yes	<input type="checkbox"/>	No <input type="checkbox"/>
If 'Yes' how long on average did you spend in the previous 12 months? (tick one)		
Less than one hour a week	<input type="checkbox"/>	More than one hour a week <input type="checkbox"/>
Are you a League committee member?		
Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Are you an other League official?		
Yes	<input type="checkbox"/>	No <input type="checkbox"/>
If 'Yes' please specify: _____		
Do you hold a table tennis qualification? (if yes tick all that apply and indicate level)		
Referee	<input type="checkbox"/>	Interested? Yes <input type="checkbox"/>
Umpire (including junior umpire)	<input type="checkbox"/>	Interested? Yes <input type="checkbox"/>
Tournament Organiser	<input type="checkbox"/>	Interested? Yes <input type="checkbox"/>
Table Tennis Development Officer	<input type="checkbox"/>	Interested? Yes <input type="checkbox"/>
Table Tennis Networker	<input type="checkbox"/>	Interested? Yes <input type="checkbox"/>
Other (please specify): _____		

Tick box(es) if you do NOT wish to receive unsolicited information	
A: from non-table tennis companies <input type="checkbox"/>	B: from table tennis organisations <input type="checkbox"/>
C: on merchandising from the ETТА <input type="checkbox"/>	
I agree to the information on this form being stored on computer and being processed in accordance with the Data Protection Act.	
Signed:	Date: _____
Signed:	Parent/Guardian/Carer (if individual is Under 18)