

Volunteer Membership Form



PERSONAL INFORMATION

FIRST NAME:		SURNAME:	
FULL ADDRESS (including postcode)			
TELEPHONE - HOME: - MOBILE:		EMAIL:	
DATE OF BIRTH		GENDER:	M / F
BJA AREA:		CLUB:	

ETHNIC GROUP - Please circle the category that best describes your ethnic group from the following list

WHITE	British	Irish	Other (please state)	
MIXED OR MIXED BRITISH	White & Black Caribbean	White & Black African	Other (please state)	
ASIAN OR ASIAN BRITISH	Indian	Pakistani	Bangladeshi	Other (please state)
BLACK OR BLACK BRITISH	Caribbean	African	Other (please state)	
CHINESE OR OTHER ETHNIC GROUP	Chinese	Other (please state)		

DISABILITY - The Disability Discrimination Act 1995 defines a disabled person as anyone with a "physical or mental impairment that has a substantial and long term adverse effect upon his/her ability to carry out normal day to day activities. *If you consider yourself to have a disability, please circle the description that best describes the nature of your disability.*

Visually Impaired	Hearing Impaired	Physical Disability
Learning Disability	Multiple Disabilities	Other (please state)

DECLARATION

I certify that to the best of my knowledge and belief, the information given on this form is correct. As a British Judo Association (BJA) Official / Referee, I agree to abide by the Articles and Byelaws of the Association together with any amendments made during the term of my involvement.

As a BJA Official / Referee I agree to adopt and abide by the BJA's Safeguarding Policy and Procedures, Equality Policy and Judo Code. These documents are published on the BJA web site. Hard copies can be obtained from BJA Head Office. Breaches of the Judo Code and other relevant codes of conduct/ethics will result in disciplinary action being taken using the BJA Complaints & Conduct Procedures.

The British Judo Association (BJA) is registered under the terms of the Data Protection Act and wishes to include the information you have provided on this form on the BJA database for the purpose of administration and maintenance of records, provision and administration of activities, support and fund raising.

Please complete the following section to indicate your consent to this process.

SIGNED (Parent / Guardian if U18 yrs)		RELATIONSHIP TO APPLICANT (If applicable)	
PRINT NAME		DATE	