**World Sailing PDP – Clinic Application form**

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| Name of person completing this form |  |
| Representing WS Member National Authority (MNA): |  |
| Role within MNA: |  |
| Contact details (Email / Phone): |  |

Please include all details and positions you are applying for in this form. It is imperative that all applicant information is included on this form as we wont be able to accept applications for additional positions at a later date.

A digital picture of all persons listed as wishing to take part in the Clinic must also be provided.

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| Full Name (Name, Surname) |  |
| Participating as: | **MNA Coach** |
| Gender (Male / Female): |  |
| Date of Birth (DD/MM/YYYY): |  |
| Email Address / Phone: |  |
| Summary of previous coaching experience: |  |
| *I consent to my personal data being processed in accordance with the World Sailing Privacy Notice for Training and Development which can be found online at*[*here*](http://www.sailing.org/legal.php)*or at sailing.org.* | Please tick:Signature:……………………………………….. |

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| Full Name (Name, Surname) |  |
| Participating as:  | **SAILOR 1** |
| Gender (Male / Female): |  |
| Date of Birth (DD/MM/YYYY): |  |
| Email address / Phone: |  |
| Previous sailing Experience (including any national / international competitions attended): |  |
| Sailor ID (required) |  |
| Classified sailor (Yes / No):If the sailor is not already classified, then please complete a sailor assessment questionnaire which is provided on the final page of this form: |  |
| **For persons aged 18 or older:***I consent to my personal data being processed in accordance with the World Sailing Privacy Notice for Training and Development which can be found online at*[*here*](http://www.sailing.org/legal.php)*or at sailing.org.* | Please tick:Signature:……………………………………….. |
| **For persons aged under 18:**Full Name of Parent / Guardian if sailor under 18 years old |  |
| Signature of Parent / Guardian if sailor under 18 years old |  |
| *I consent to all personal data being processed in respect of the abovenamed in accordance with the World Sailing Privacy Notice for Training and Development which can be found online at*[*here*](http://www.sailing.org/legal.php)*or at sailing.org.*    | *I confirm that I am the parent or legal guardian of ……………………………………*Please tick:Signature: ………………………………….. |

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| What is your disability? |  |
| Do you have a medical condition / diagnosis (e.g. MS, CP, MD or Congenital Birth Defect? |  |
| Are you a wheelchair user? If so, is the wheelchair manual or powered? |  |
| Are you an amputee? If so, what limb or limbs? |  |
| Do you have a spinal cord injury? If so, what level of injury? |  |
| Do you have co-ordination problems? If so, please describe how this impacts on your daily life? |  |
| Can you sit unsupported or do you need a back rest or lateral support? |  |
| Do you have strength issues? If so, please explain: |  |
| Is your hand function impaired? If so, then please describe: |  |
| Do you have a visual impairment? If yes, please describe the vision in your best eye: |  |
| Have you ever been classified in another sport? If so, in which sport and what classification rating? |  |

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| --- | --- |
| Full Name (Name, Surname) |  |
| Participating as:  | **SAILOR 2** |
| Gender (Male / Female): |  |
| Date of Birth (DD/MM/YYYY): |  |
| Email address / Phone: |  |
| Previous sailing Experience (including any national / international competitions attended): |  |
| Sailor ID (required) |  |
| Classified sailor (Yes / No):If the sailor is not already classified, then please complete a sailor assessment questionnaire which is provided on the final page of this form: |  |
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| Do you have co-ordination problems? If so, please describe how this impacts on your daily life? |  |
| Can you sit unsupported or do you need a back rest or lateral support? |  |
| Do you have strength issues? If so, please explain: |  |
| Is your hand function impaired? If so, then please describe: |  |
| Do you have a visual impairment? If yes, please describe the vision in your best eye: |  |
| Have you ever been classified in another sport? If so, in which sport and what classification rating? |  |

Please complete the following details only for any additional persons that will be attending on behalf of the MNA to attend the PDP performance clinic.

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| Care giver (Name, Surname) |  |
| Sailor for whom the care giver is responsible in supporting (Name) |  |
| Gender (Male / Female): |  |
| Date of Birth (DD/MM/YYYY): |  |
| Email Address / Phone: |  |
| **For persons aged 18 or older:***I consent to my personal data being processed in accordance with the World Sailing Privacy Notice for Training and Development which can be found online at*[*here*](http://www.sailing.org/legal.php)*or at sailing.org.* | Please tick:Signature:……………………………………….. |