

English Table Tennis Association  
Individual Registration Form 2007/8

AFF4L  
May 2007

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.

<b>With which of the following ethnic groups do you most closely identify?</b>	
<b>Current Data:</b>	
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'	

<b>Do you consider yourself to have a disability?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>If 'Yes' with which of the following groups do you most closely identify?</b>		
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**

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

<b>Tick box(es) if you do NOT wish to receive unsolicited information</b>	
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.	
<b>Signed:</b>	<b>Date:</b>
<b>Signed:</b>	<b>Parent/Guardian/Carer</b> (if individual is Under 18)