

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

AFF4
May 2009

League	
Club	
Team	

Personal Information

Current Data

New Data/Amendments

Title	-----	
Forename	----	
Family name	-----	
Address	-----	
Postcode	(full postcode) -----	
Date of Birth	(dd/mm/yyyy) -----	
Gender	(male/female) -----	
Home tel.	-----	
Work tel.	-----	
Mobile tel.	-----	
E-mail	-----	

With which of the following ethnic groups do you most closely identify?

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:

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 (specify) <input type="checkbox"/>
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 your Club/League 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 did you play in the previous 12 months? (tick one)		
Not in the previous 12 months		
On average less than once a month in the previous 12 months		
On average once a month in the previous 12 months		
On average once a week in the previous 12 months		
On average 3 or more times a week in the previous 12 months		
Coaching: are you a table tennis coach?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes how often have you coached in the previous 12 months? (tick one)		
Not in the previous 12 months		
On average less than 1 hour a week over the previous 12 months		
On average 1-3 hours a week over the previous 12 months		
On average 4-6 hours a week over the previous 12 months		
On average 7-14 hours a week over the previous 12 months		
On average 15 hours or more a week over the previous 12 months		
Do you hold a current coaching qualification? (if yes tick all that apply)		
ETTA qualification (please insert level)		
General qualification (please specify)		
Are you paid for the coaching you do? (if yes tick all that apply)		
Paid full-time (over 30 hours paid work per week)		
Paid part-time (less than 30 paid hours per week)		
Unpaid (voluntary, including payment of expenses)		
Volunteering: are you a table tennis volunteer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes how long did you spend in the previous 12 months? (tick one)		
On average less than one hour a week		
On average more than one hour a week		
Are you a committee member or other official?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you hold a table tennis qualification? (if yes tick all that apply)		
Referee (please indicate level):		
Umpire (please indicate level, including junior umpire):		
Tournament Organiser		
Table Tennis Development Officer		
Table Tennis Networker		
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 ETTA <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 16)	

Please return this form through your club to, or directly to your league secretary