

## Equal opportunities monitoring form

### National identity: What is your national identity?

- Scottish     English     Welsh     Northern Irish     British  
 Other, please specify \_\_\_\_\_     Prefer not to answer

What is your ethnic group?

Choose one from section A to H

#### A. White

- Scottish     Other British     Irish     Gypsy/Traveller  
 Eastern European (eg Polish)     Other white ethnic group

#### B. Mixed or multiple ethnic groups

- Any mixed or multiple ethnic groups

#### C. Asian, Asian Scottish or Asian British

- Pakistani, Pakistani Scottish or Pakistani British  
 Indian, Indian Scottish or Indian British  
 Bangladeshi, Bangladeshi Scottish or Bangladeshi British  
 Chinese, Chinese Scottish or Chinese British     Other

#### D. African

- African, African Scottish or African British    Other

#### E. Caribbean or Black

- Caribbean, Caribbean Scottish or Caribbean British  
 Black, Black Scottish or Black British     Other

#### F. Arab

- Arab, Arab Scottish or Arab British     Other

- G.  Other ethnic group, please specify \_\_\_\_\_

- H.  Prefer not to answer

Religion or belief: What is your religion or belief?

- Buddhist     Church of Scotland     Hindu     Humanist  
 Jewish     Muslim     None     Other Christian     Pagan  
 Roman Catholic     Sikh  
 Other religion or belief, please specify \_\_\_\_\_     Prefer not to answer

Sexual orientation: What is your sexual orientation?

- Bisexual     Gay     Heterosexual/straight    Lesbian   
 Prefer not to answer

## Office use only

### SLLC only

Documents checked by: \_\_\_\_\_ Date: \_\_\_\_\_

SLLC Supervisor/Admin signature: \_\_\_\_\_

Scholars Card No. \_\_\_\_\_

Date processed \_\_\_\_\_ Valid until: \_\_\_\_\_

## Terms and conditions of SLLC Scholars Card

- Your card will not be accepted if the date has expired or the Scholars Card is defaced or damaged.
- If you move outwith the South Lanarkshire area your Scholars Card should be returned.
- If your circumstances change and you are no longer eligible for the scheme you should not use your Scholars Card. Failure to do so could result in you being charged with fraud.
- Carers are allowed to accompany PIP/DLA card-holders who require physical assistance when undertaking exercise.
- Lost or damaged Scholars Cards can be replaced by completing a new form (please advise on the form that the application is for a replacement card)
- South Lanarkshire Leisure and Culture reserves the right to change the terms and conditions of the Scholars Scheme and to refuse the issue of a Scholars Card where circumstances dictate.
- All Scholars Cards issued are non-transferable.
- For security and re-validation purposes the Scholars Card holder must agree to have his/her photo taken by leisure facility staff. Failure to agree to this will result in access being denied.

If you need this information in another language or format, please contact us to discuss how we can best meet your needs. Telephone 01698 476262 text phone 18001 01698 476262 or e-mail customer.services@southlanarkshireleisure.co.uk

# Leisure for all

## Scholars Card

Information and application Form

**Socialise and energise**  
at SLLC leisure centres



Are you over 16, and living in South Lanarkshire? You can still get up to **25% off** swimming, fitness classes, gym use, racquet sports, golf and much more with our Scholars Card.



SOUTH LANARKSHIRE  
Leisure & Culture

[www.slleisureandculture.co.uk](http://www.slleisureandculture.co.uk)

South Lanarkshire Leisure and Culture SCIO is a recognised Scottish Charity, No. SC032549

An SLLC Scholars Card gives you access to our facilities at up to 25% of the normal charges at all times.

### Am I entitled to an SLLC Scholars Card?

You are entitled to a Scholars Card if you are both:

- A resident of South Lanarkshire
- Aged 16 years and over and still in full time school education

### How do I get an SLLC Scholars Card?

You will need to:

- Complete the form in this leaflet, ensuring that it is signed and stamped by your Head or Form teacher.
- Take your completed application form and proof of eligibility to your nearest SLLC leisure centre.

Please note: Applications for Scholars Cards are accepted during term time only.

### Re-validation of Scholars Card.

You must re-apply at the start of each new school term.

Tear along perforation

## SLLC Scholars Card application form

Please complete in BLOCK Capitals and tick (✓) all boxes that apply to you.

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Date of birth	<input type="text"/>	
Surname	<input type="text"/>	Forename	<input type="text"/>			
Address	<input type="text"/>				Postcode	<input type="text"/>
Telephone no	(Home) <input type="text"/>	(Daytime)	<input type="text"/>			
Email address	<input type="text"/>					
I would like to apply for a Scholars Card	<input type="checkbox"/>	Replacement card	<input type="checkbox"/>			
Previous card number (if known)	<input type="text"/>					

**For Head or Form Teacher use only**

This is to certify that  (Scholar) is aged 16 years or over and is continuing in full time school education.

Signed	<input type="text"/>	School stamp:	<input type="text"/>
Title	<input type="text"/>	Date	<input type="text"/>
School	<input type="text"/>		

**To be signed by main applicant**

I have read the conditions under which the cards are issued and agree to abide by them.

Signed	<input type="text"/>	Date	<input type="text"/>
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We would like to contact you with details of our leisure and cultural events, activities, promotions and competition offers we provide. If you'd like us to contact you, please tick the following boxes to confirm how you would like us to contact you and which SLLC service(s) you are interested in receiving information about:

How would you like us to contact you: Email  SMS  Post  Telephone

Which SLLC service would you like information about: Sport and Physical Activity  Culture   
Outdoor Recreation and Country Parks  Libraries  Museum

If you wish to unsubscribe from future communications regarding SLLC events, activities, promotions and competition offers please send an email to: [unsubscribeadmin@southlanarkshireleisure.co.uk](mailto:unsubscribeadmin@southlanarkshireleisure.co.uk) and add unsubscribe to the subject line.  
Or write to: South Lanarkshire Leisure and Culture, Floor 5, Council Offices, Almada Street, Hamilton ML3 0EW

For more information about how SLLC uses your personal data, please see our Privacy Notice at: <http://www.slleisureandculture.co.uk/privacynotice>

You can take your completed application form to your local SLLC leisure centre. If you require any further information please call: **01698 476262**. Remember to re-apply at the start of each school term.

## Equal opportunities monitoring form

South Lanarkshire Leisure and Culture wants to ensure that it provides services fairly to meet the needs of the community now and in the future.

The data that you supply is for recording purposes only and individuals cannot be identified from the information provided.

Why are we collecting this information?

- To ensure our services better meet your needs.

Are you happy to provide this information to help us understand and improve our services?

Yes  No  Already provided

Please complete using a tick (✓) to indicate the box which applies to you.

**Gender identity: how would you describe your gender?**

Are you:  male  female  Prefer not to answer

**Gender identity: have you ever been identified as a transgender person or transperson?**

(For the purpose of this question 'transgender' is defined as an individual who lives, or wants to live full time in the gender opposite to that they were assigned at birth)

Yes  No  Prefer not to answer

**Age: what is your date of birth?**

Day  Month  Year   Prefer not to answer

**Disability:**

Under the terms of the Equality Act 2010, a disability is defined as a physical or mental impairment, which has a substantial and long-term effect on a person's ability to carry out day-to-day tasks.

**Do you consider that you have a disability?**

Yes  No  Prefer not to answer

If yes to the above question, please state the type of impairment which applies to you. If none of the categories apply, please mark 'Other' and specify the type of impairment.

- Learning disability, such as Down's syndrome or dyslexia or cognitive impairment, such as autism or head injury
- Longstanding illness or health condition such as cancer, HIV, diabetes, chronic heart disease or epilepsy.
- Mental health condition, such as depression or schizophrenia.
- Physical impairment, such as difficulty using your arms or mobility which means using a wheelchair or crutches.
- Sensory impairment, such as being blind/having a serious visual impairment or being deaf/having a serious hearing impairment.
- Other, such as disfigurement please specify \_\_\_\_\_
- Prefer not to answer

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