

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

Proof of eligibility

Proof that customer is a student documents tendered:

Letter of acceptance Matriculation Card Expiry date of Matriculation card _____

Photographic ID and proof of address documents tendered:

Driving Licence Passport Council Tax Schedule Utility bill Other

SLLC only

Documents checked by: _____ Date: _____

SLLC Supervisor/Admin signature: _____

Location: _____ Student Card no: _____

Terms and conditions of SLLC Student Card

- Your card will not be accepted if the date has expired or the Student Card is defaced or damaged.
- If you move outwith the South Lanarkshire area your Student Card should be returned.
- If your circumstances change and you are no longer eligible for the scheme you should not use your Student 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 Student 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 student scheme and to refuse the issue of a Student Card where circumstances dictate.
- All cards issued are non-transferable.
- For security and re-validation purposes the Student 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

Students Card

Information and application Form

Socialise and energise
at SLLC leisure centres



Our Student Card offers up to **25% off** swimming, fitness classes, gym use, racquet sports, golf and much more.

An SLLC Student Card gives access to our facilities at up to 25% off the normal charges at all times.

Am I entitled to an SLLC Student Card?

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

- A resident of South Lanarkshire and
- A full-time student attending a UK University or college

How do I get an SLLC Student Card?

You will need to:

- Complete the form in this leaflet.
- Provide proof that you are a student (matriculation card / letter of acceptance).
- Provide photographic ID.
- Provide proof of your South Lanarkshire address.

Take your completed application form and proof of eligibility to your nearest SLLC leisure centre.

Re-validation of SLLC Student Card

Student Cards are **valid for 12 months** and thereafter you must re-apply by either (a) Providing a current status letter or (b) completing the form in this leaflet ensuring it is stamped by the Further Education establishment.

SLLC Student Card application form

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

Tear along perforation

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 Student Card <input type="checkbox"/>		Replacement card <input type="checkbox"/>				
Previous card number (if known)	<input type="text"/>					
For Further Education establishment/head of department/senior lecturer/admin use only						
This is to certify that <input type="text"/>		is a full time student at this Further Education establishment.				
Signed	<input type="text"/>	Further Education establishment stamp:				
Date	<input type="text"/>					
Further Education establishment	<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"/>			
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 <input type="checkbox"/> SMS <input type="checkbox"/> Post <input type="checkbox"/> Telephone <input type="checkbox"/> Which SLLC service would you like information about: Sport and Physical Activity <input type="checkbox"/> Culture <input type="checkbox"/> Outdoor Recreation and Country Parks <input type="checkbox"/> Libraries <input type="checkbox"/> Museum <input type="checkbox"/> 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 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**.

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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