



Licensed Angling Coach - Participant Details

(Please complete a form for each participant, the data is vital to the future of National Fishing Month)



ENVIRONMENT AGENCY



ANGLING TRUST

<p>Name</p> <p>Address</p> <p>..... Postcode.....</p> <p>Telephone</p> <p>Mobile</p> <p>Email</p> <p>Have you been fishing before? YES: <input type="checkbox"/> NO: <input type="checkbox"/></p> <p>What kind of fishing are you doing today?</p> <p>COARSE <input type="checkbox"/> GAME <input type="checkbox"/> SEA <input type="checkbox"/></p> <p>We would like to find out how well we are doing in helping people to go fishing. Would you be happy for us to contact you to ask for your feedback?</p> <p>YES: <input type="checkbox"/> NO: <input type="checkbox"/></p> <p>Please tick your preferred method by which we contact you:</p> <p>Telephone: <input type="checkbox"/> Mobile: <input type="checkbox"/> Email: <input type="checkbox"/> Post: <input type="checkbox"/></p> <p>Do you consent to photographs or recorded images being used?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Parental consent required for under 18's</p> <p>Signed: Date:</p> <p>Please indicate relationship for under 18's</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<p>Equity Monitoring</p> <p>Participants are requested to tick the relevant boxes below to enable National Fishing Month to monitor its equity policy. Monitoring is recommended by the codes of practice for the elimination of discrimination on the grounds of age, gender, race or disability. National Fishing Month will analyse the information on a personalised basis and it will not disclose the results of the analysis except in this anonymised form.</p> <p>Age: <input type="text"/> Date of birth: <input type="text"/></p> <p>Gender: Male <input type="checkbox"/> Female <input type="checkbox"/></p> <p>Ethnic background</p> <p>Please choose one category from A to E and then please tick the appropriate box to indicate your ethnic background</p> <table style="width:100%;"> <tr> <td style="width:25%;">A White</td> <td style="width:25%;">B Mixed</td> <td style="width:25%;">C Asian or Asian/British</td> <td style="width:25%;"></td> </tr> <tr> <td>English <input type="checkbox"/></td> <td>White & black Caribbean <input type="checkbox"/></td> <td>Indian <input type="checkbox"/></td> <td></td> </tr> <tr> <td>Irish <input type="checkbox"/></td> <td>White & black African <input type="checkbox"/></td> <td>Pakistani <input type="checkbox"/></td> <td></td> </tr> <tr> <td>Scottish <input type="checkbox"/></td> <td>White & Asian <input type="checkbox"/></td> <td>Bangladeshi <input type="checkbox"/></td> <td></td> </tr> <tr> <td>Welsh <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> <td></td> </tr> <tr> <td>Other <input type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> <tr> <td>D Black or Black British</td> <td colspan="3">E Chinese or Other Ethnic Group</td> </tr> <tr> <td>Caribbean <input type="checkbox"/></td> <td colspan="3">Chinese <input type="checkbox"/></td> </tr> <tr> <td>African <input type="checkbox"/></td> <td colspan="3">Other <input type="checkbox"/></td> </tr> <tr> <td>Other <input type="checkbox"/></td> <td colspan="3"></td> </tr> </table>	A White	B Mixed	C Asian or Asian/British		English <input type="checkbox"/>	White & black Caribbean <input type="checkbox"/>	Indian <input type="checkbox"/>		Irish <input type="checkbox"/>	White & black African <input type="checkbox"/>	Pakistani <input type="checkbox"/>		Scottish <input type="checkbox"/>	White & Asian <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>		Welsh <input type="checkbox"/>	Other <input type="checkbox"/>	Other <input type="checkbox"/>		Other <input type="checkbox"/>				D Black or Black British	E Chinese or Other Ethnic Group			Caribbean <input type="checkbox"/>	Chinese <input type="checkbox"/>			African <input type="checkbox"/>	Other <input type="checkbox"/>			Other <input type="checkbox"/>				<p>Disability</p> <p>Please tick if you consider yourself to have a disability <input type="checkbox"/></p> <p>If you have ticked the box above please tick all the boxes that apply to you:</p> <p>Hearing <input type="checkbox"/> Mobility <input type="checkbox"/></p> <p>Learning <input type="checkbox"/> Physical <input type="checkbox"/></p> <p>Visual <input type="checkbox"/> Multiple <input type="checkbox"/></p> <p>Other <input type="checkbox"/> Prefer not to say <input type="checkbox"/></p> <p>Medical</p> <p>Please tick if you consider yourself to have a pre-existing medical condition <input type="checkbox"/></p> <p>If you have ticked the box above please specify</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Please sign me up as a free Junior member of the Angling Trust YES: <input type="checkbox"/> NO: <input type="checkbox"/></p> <p>Please send me information about Angling Trust Adult membership YES: <input type="checkbox"/> NO: <input type="checkbox"/></p> <p>Event Postcode</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Event Date</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
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Data Protection Notice

The information you provide on this form will be used by the Environment Agency, the Angling Development Board and the Angling Trust (which governs the sport of angling) to register you for National Fishing Month. If you have agreed to being contacted, the Environment Agency, the Angling Development Board or the Angling Trust may contact you regarding future angling opportunities and follow up surveys. All data provided will be inputted by The Source for Publications Ltd and stored securely by our data partners, Substance.

