

Please return completed forms to:

 Ability Shetland

Market House

14 Market Street

Lerwick, ZE1 0JP

abilityshetland@shetland.org

**Ability Shetland Transition Form for Sports and Physical Activity**

If you identify a child, young person or adult with a disability/ additional support need who has an interest in sport or physical activity, please complete this form and return to Ability Shetland. Ability Shetland will then review this Transition Form and inform you of the outcome of your referral.

**Parent/ Carer Contact (if applicable)**

**Name:**

**Address:**

**Post Code:**

**Telephone:**

**E-mail:**

**Name:**

**Date of Birth:**

**Address:**

**Post Code:**

**Telephone:**

**E-mail:**

**School (if applicable):**

**Parental Consent (if applicable):**

**Referred By (if not self-referral):**

**Address:**

**Post Code:**

**Name:**

**Position:**

**Organisation:**

**Telephone:**

**E-mail:**

**Which sports or physical opportunities particularly interested the person? Which sport (if any) are they currently involved with?**

**Please provide brief information about disability / additional support needs:**

**Please provide brief information about the level of support required:**

**What other services / agencies are already supporting the person?**

**Please use this space if there is any additional information you would like to share with us.**

**Signed:**

**Date:**

**For Office Use:**

**General Data Protection Consent Form**

**Ability Shetland is a charity which enables children, young people and adults with disabilities and additional support needs to fulfil their personal and social potential through providing positive group experiences and individual programmes. At Ability Shetland we are committed to promoting inclusion and helping our clients achieve their full potential.**

 At Ability Shetland we are committed to protecting and respecting your privacy and will only use the information we hold on you to carry out the legitimate aims of the organisation.

* The personal information we hold is kept securely either in hard copy or digitally and is subject to the organisation’s Data Protection Policy, Confidentiality and Privacy Policy and Retention and Destruction Policy.
* The Data Controller for Ability Shetland will be the Manager of Ability Shetland
* No Data will be shared with third parties without explicit consent
* The information will be held in accordance with the organisations procedures
* Individuals can request to see the information held at any time
* Individuals can withdraw consent to Ability Shetland Holding information on them at any time

***Please complete this form to indicate that you consent to Ability Shetland holding your information.***

**List of all Clubs or Services you Attend:**

**Name:**

**Date of Birth:**

**Address:**

**Tel:**

**Email:**

**Telephone:**

**e-mail:**

**Signed ………………………………………………………………………….Date…………………….………………**