



MSR Scorecard

ACTIV8

Application Form

APPLICANT DETAILS

First Name(s):

Surname:

Email:

Date of Birth:

(DD/MM/YYYY)

Address:

Post Code:

Mobile / phone no:

Place of Work:

MSR Scorecard

No:

OR I do not have an MSR Scorecard
(please tick)

Please tick the box below if you have no known medical issues that will affect your ability to take part in activities organised by MSR. (If my medical conditions changes I will consult with my GP and bring these issues to the attention of MSR staff)

DATA PROCESSING

It is necessary to process your information but this will only be done in accordance with the Data Protection (Application of GDPR) Order 2018 and associated legislation. To find out more information on the information that Manx Sport and Recreation collects and how it uses it please see our privacy notice at:

<https://msr.gov.im/privacy-data-protection/>

To understand how the Department of Education, Sport and Culture obtains and processes information please visit this link:

<https://www.gov.im/about-the-government/departments/education-sport-and-culture/privacy-notice/>

Please indicate your communication preference below:

To inform you about new activities which you may be interested in for you or your child(ren) **please tick** the following box

If you would like to receive updates about our facilities **please tick** the following box

Signature: