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| **MSR Scorecard**  **Activ8 Application Form** | | | | | | | | | | |
| **APPLICANT DETAILS** | | | | | | | | | | |
|  | | | | | |  | | |  | |
| **First Name(s):** |  | | **Surname:** | | |  | | | |  |
|  | | | | | |  | | |  | |
| **Date of Birth:** (DD/MM/YYYY) |  | |  | | |  | | | |  |
|  | | | | | | | | | | |
| **Home Email:** |  | | **Work Email:** | | |  | | | |  |
|  | | | | | |  | | |  | |
| **Address:** |  | | | | | | | | |  |
|  | | | | | |  | | |  | |
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|  | | | | | |  | | |  | |
| **Post Code:** |  | | **Emergency Contact Details:** | | | | | | |  |
|  | | | | | |  | | |  | |
| **Mobile / Phone No:** |  | | | **Name:** | |  | | |  | |
|  | | | | | |  | | |  | |
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|  | | | | | |  | | |  | |
| **Place of Work:** |  | | | **Phone No:** | |  | |  | | |
|  | | | | | | | | | | |
| **Department:** |  | | |  | |  | |  | | |
|  | | | | | |  | | |  | |
| **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:** | | | | | | | | | | |
| Email  Mail SMS  Telephone | | | | | | | | |  | |
|  | | | | | |  | | |  | |
| I agree to the privacy policy | | | | | | | | |  | |
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| **Signature:** | |  | | | | |  | |  | |
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