

Personal Details – Adult 1 – Main Carer		
Surname:	Title:	First Name:
Address:		
Town:	Postcode:	
Contact Telephone No:	Email Address:	
Date Of Birth:		

Personal Details – Adult 2		
Surname:	Title:	First Name:
Address:		
Town:	Postcode:	
Contact Telephone No:	Email Address:	
Date Of Birth:		

Personal Details – Children:	Date of Birth	Male/Female

We would like to keep your details in our database to keep in contact with you about the Family Active Programme. This form will be processed in accordance with the Data Protection Act 1998. Please tick this box if you are happy for us to store your information

Please provide any relevant information relating to the family that we may need to be aware of:

FAMILY ACTIVE REFERRAL FORM

To ensure families are eligible to join the Family Active Membership Scheme, please tick the boxes to indicate which criteria the referred family or ante natal woman meet:

Referred families and ante natal woman must meet all of the first 4 criteria. They must:	All Criteria Met (please tick)
Live within Dundee City.	
Have a child/children under the age of 8, or be pregnant	
Not currently regularly* access Leisure & Culture Dundee facilities. (*regular is defined as weekly)	
Have a financial situation which is a barrier to participation in paid physical activity <i>(Please see guidance notes for specific criteria which the family must meet)</i>	
Be a Kinship Care Family / Looked After Child / Family affected by Imprisonment AND meet essential criteria 1 & 3	

Referred families must also meet one of the additional criteria:	One Criteria Met (please tick)
Have a family member with a health need.	
Be a family who need support to increase quality family time together.	

If you have a family who do not meet all of the necessary criteria they may be eligible to apply for a Leisure Concession Card for discounted access to Leisure and Culture Dundee Facilities. Please advise the family to visit a Leisure and Culture Dundee facility to make an application.

Referrers Details – Please fully complete the details below:

Name:	
Position:	
Department/Organisation:	
Contact Address	
Contact Telephone Number	
E-mail Address	