Licensed Angling Coach - Participant Details

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

Name .....

Address .....

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..... Postcode.....

Telephone .....

Mobile .....

Email .....

Have you been fishing before? Yes / No

Is this a game, coarse or sea session? .....

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?

YES: ❑ NO:❑

Please tick your preferred method by which we contact you:

Telephone: ❑ Mobile: ❑ Email: ❑ Post: ❑

Do you consent to photographs or recorded images being used?

Yes ❑ No ❑

Parental consent required for under 18's

Signed: ..... Date: .....

Please indicate relationship for under 18's

Equity Monitoring

Participants are requested to tick the relevant boxes below to enable the ADB 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. The ADB will analyse the information on a personalised basis and it will not disclose the results of the analysis except in this anonymised form.

Age: ☐ Date of birth: ☐

Gender: Male ❑ Female ❑

Ethnic background

Please choose one category from A to E and then please tick the appropriate box to indicate your ethnic background

A White

English ❑
Irish ❑
Scottish ❑
Welsh ❑
Other ❑

B Mixed

White & black Caribbean ❑
White & black African ❑
White & Asian ❑
Other ❑

C Asian or Asian/British

Indian ❑
Pakistani ❑
Bangladeshi ❑
Other ❑

D Black or Black British

Caribbean ❑
African ❑
Other ❑

E Chinese or Other Ethnic Group

Chinese ❑
Other ❑

Disability

Please tick if you consider yourself to have a disability ❑

If you have ticked the box above please tick all the boxes that apply to you:

Hearing	❑	Mobility	❑
Learning	❑	Physical	❑
Visual	❑	Multiple	❑
Other	❑	Prefer not to say	❑

Medical

Please tick if you consider yourself to have a pre-existing medical condition ❑

If you have ticked the box above please specify

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Event Registration Number

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.

Please return the form to: The Source For Publications Ltd, Tivoli House, 9 Leaf Avenue, Hampton Hargate, Peterborough PE7 8EF