



How would you describe your sexual orientation? Tick one.

- Straight/Heterosexual
- Gay or Lesbian
- Bisexual
- Prefer not to say
- Other (please state below)

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Do you identify as trans, including alternative terms: trans\*, transgender, and transsexual? Tick one.

- Yes, I identify with one or more of these terms
- No
- Prefer not to say

What religion, religious denomination or body do you belong to? Tick one.

- |   |   |
|---|---|
| <input type="checkbox"/> None               | <input type="checkbox"/> Jewish                     |
| <input type="checkbox"/> Church of Scotland | <input type="checkbox"/> Muslim                     |
| <input type="checkbox"/> Roman Catholic     | <input type="checkbox"/> Sikh                       |
| <input type="checkbox"/> Other Christian    | <input type="checkbox"/> Pagan                      |
| <input type="checkbox"/> Buddhist           | <input type="checkbox"/> Prefer not to say          |
| <input type="checkbox"/> Hindu              | <input type="checkbox"/> Other (please state below) |

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Are your day-to-day activities limited because of a health problem or disability, which has lasted or is expected to last, at least 12 months? Tick one.

- Yes, limited a lot
- Yes, limited a little
- No
- Prefer not to say

Do you have any of the following, which have lasted, or are expected to last, at least 12 months? Tick all that apply.

- |  |  |
|--|--|
| <input type="checkbox"/> Deafness or partial hearing               | <input type="checkbox"/> Physical disability                     |
| <input type="checkbox"/> Blindness or partial sight                | <input type="checkbox"/> Mental health condition                 |
| <input type="checkbox"/> Full or partial loss of voice or speaking | <input type="checkbox"/> Long term illness, disease or condition |
| <input type="checkbox"/> Learning disability                       | <input type="checkbox"/> Prefer not to say                       |
| <input type="checkbox"/> Learning difficulty                       | <input type="checkbox"/> None of these                           |
| <input type="checkbox"/> Developmental disorder                    | <input type="checkbox"/> Other (please state below)              |

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I hereby declare that the information provided in this form is accurate and complete to the best of my knowledge. I give Scottish Volleyball permission to store my information as part of my membership through JustGo and use it for legitimate purposes in-line with the Scottish Volleyball Privacy Policy. I agree to abide by the Byelaws and Articles of Association set out by Scottish Volleyball, which can be found at <https://scottishvolleyball.org/governance/> and accept that if I fail to do so, my membership may be terminated.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_