



Club Participation Questionnaire

Club Name: _____	Type of Sport: _____
Name: _____	Position in Club: _____
Address: _____	Contact No: _____
_____	Email Address: _____
_____	_____

To assist with development of a database, please tick or circle where applicable;

1. ABOUT YOUR CLUB:

1.1. Does your club currently have any people with disabilities in an administration / coaching role? Yes
No

If Yes, please give details _____

1.2. How many members does your club have? _____

1.3. Does your club provide sporting opportunities for people with disabilities? Yes
No

If Yes, please state activities: _____

1.4. Does your club have any members with a disability? Yes No

Underage Members					Senior Members	
	U-10	10 – 14	15 – 17	Total		
Jnr Boys					Snr Men 18+	
Jnr Girls					Snr Women 18+	
Total					Total	

1.5. Does your club cater for the full range of disabilities or does it cater for particular groups? Yes
No

If Yes, please give details:

<ul style="list-style-type: none"> ▪ People with a physical disability <input type="checkbox"/> ▪ People with a sensory impairment <input type="checkbox"/> 	<ul style="list-style-type: none"> ▪ People with a learning disability <input type="checkbox"/> ▪ All of these <input type="checkbox"/>
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- 1.6. Does your club have a person who is responsible for developing sporting activities for people with a disability? Yes
No

Name and contact details of club disability officer:	
Name: _____	Tel: _____
Address _____	Mob _____
_____	Email: _____

- 1.7. Are you willing to facilitate the integration of people with disabilities into your club? Yes
No

2. FACILITIES:

- 2.1. Are your club facilities suitable for people with disabilities? Yes No

- 2.2. Please tick the box if your venue has any of the following amenities:

Venue Ramps	<input type="checkbox"/>	Disabled Toilet	<input type="checkbox"/>	Hearing loop system	<input type="checkbox"/>	Lifts	<input type="checkbox"/>
Disabled parking	<input type="checkbox"/>	Disabled Changing	<input type="checkbox"/>	Automatic Doors	<input type="checkbox"/>	Swimming hoist	<input type="checkbox"/>

3. TRAINING:

- 3.1. Have any of your club coaches/volunteers etc received training for the inclusion of people with disabilities into the sports programme? Yes
No

- 3.2. If yes, please specify the type of training and the training provider(s)

- 3.3. Would your club be interested in Disability Awareness Training? Yes No

4. FURTHER INFORMATION:

- 4.1. Please provide details of how you would like the SIDO to support your club/organisation in the provision of sport and physical activity for people with disabilities

- 4.2. Any other comments: _____

Thank you for your time in filling out this form.