



SPORT IN OUR COMMUNITY

Data Collection Toolkit Appendix 2

March 2006



Supported by
The National Lottery[®]
through the Big Lottery Fund



Ref: _____

Project Ref: _____

PARTICIPANT MONITORING FORM

The Sport in Our Community Programme is a programme aimed at increasing levels of participation of sport and physical activity in adults, young people and children in areas of high social and economic disadvantage. Other Programmes have shown that age, marital status, disability, employment status and geographical location all affect whether or not you participate in a sport.

We would like to make sure that we are targeting the programme effectively in terms of your needs. As part of our monitoring process, we would like you to provide the following information.

All information will be treated in the strictest confidence.

Thank you for your co-operation.

Ref: _____

Project Ref: _____

MONITORING INFORMATION

I would like to ask you a few questions about yourself to help us understand our participants and their needs.

Please tell us your:

1. Gender: Male Female

2. Age/DOB: _____/_____

3. Postcode: _____

4. Marital Status

Are you: Single Married
 Widowed Cohabiting
 Divorced Separated

5. Employment Status

Are you: Employed Unemployed
 Training Programme Student
 Looking after the home Not working

6. If employed, what is your occupation?

Ref: _____

Project Ref: _____

7. To which of these ethnic groups do you consider yourself to belong?

- | | | | |
|-----------------|--------------------------|-----------------|--------------------------|
| White | <input type="checkbox"/> | Bangladesh | <input type="checkbox"/> |
| Irish Traveller | <input type="checkbox"/> | Indian | <input type="checkbox"/> |
| Chinese | <input type="checkbox"/> | Black African | <input type="checkbox"/> |
| Pakistani | <input type="checkbox"/> | Black Caribbean | <input type="checkbox"/> |
| Ethnic (other) | <input type="checkbox"/> | Black (other) | <input type="checkbox"/> |

8. Do you have a disability? Yes No

If yes, please state:

- | | | | |
|--------------------------|--------------------------|---------------------|--------------------------|
| Wheel chair User | <input type="checkbox"/> | Deaf | <input type="checkbox"/> |
| Ambulant Disabled | <input type="checkbox"/> | Hearing Impaired | <input type="checkbox"/> |
| Blind | <input type="checkbox"/> | Learning Disability | <input type="checkbox"/> |
| Mental Health Difficulty | <input type="checkbox"/> | Visually Impaired | <input type="checkbox"/> |

9. Nationality: _____

10. Do you regard yourself as belonging to any particular religion?

Yes No

11. If yes, what religion do you belong to:

Catholic Protestant Other

12. If no, what religion were you brought up in?

Ref: _____

Project Ref: _____

13. How did you get involved in the Sport in Our Community Programme?

Health Worker GP Referral

PBNI Youth Justice

Social Worker Other

If Other, please state: _____

Ref: _____

Project Ref: _____

CHILDREN'S/YOUNG PERSON'S REGISTRATION FORM (UNDER 16)

The Sport in Our Community Programme aimed at increasing participation in sports and physical activity in adults, young people and children in areas of high social and economic disadvantage.

We would like to make sure that we are targeting the programme effectively in terms of the needs of children/young people. As part of the registration process, we would like you to provide the following information.

All information will be treated confidentially.

Ref: _____

Project Ref: _____

Registration Details

1. Please state:

Activity (eg IFA Mini – Soccer Leaders Coaching Award):

Venue: _____ Date: _____

2. Please tell us your:

First Name: _____ Surname: _____

Address: _____

Postcode: _____ Tel No: _____

3. Please tell us your:

Gender: Male Female

Group/Organisation Name: _____

4. Do you have any Medical Conditions? Yes No

If yes, please provide details:

Ref: _____

Project Ref: _____

Regular Youth Participation

1. Have you taken part in any sport and physical activity in the last 12 months? Yes No

*(This includes sports i.e. Soccer; and recreational activities like walking, cycling and swimming **but do not include** PE lessons in school and domestic activities like housework and gardening and active travel such as travelling to school by cycling or walking.)*

2. Please tell us below, how many days a week, on average, do you take part in 'at least' 60 minutes of moderate physical activity before you came to the project:

(This includes all types of physical activity that makes your breathing and heartbeat faster, such as sport, recreation, active travel i.e. walking and cycling, and domestic activities i.e. gardening and housework. Exercise can be built up or 10 minute bursts and doesn't have to be done all at once.)

3. How is this activity broken down:

Activity	Days a week of 'at least' 60 mins of moderate exercise
Sport and active recreation	
Active travel e.g. cycle/walk/run	
Work or part of paid employment eg Labourer:	
Domestic activity e.g. housework	
Total	

Ref: _____

Project Ref: _____

I allow my child to be photographed and/or filmed for sporting purposes of PR under the Sport in Our Community Programme:

Yes No

I understand that while participating in this programme, injuries may occur for which coaches are not directly responsible.

Signed (Parent/Guardian): _____

Date: _____

Ref: _____

Project Ref: _____

ADULT REGISTRATION FORM (OVER 16)

The Sport in Our Community Programme aimed at increasing participation in sports and physical activity in adults, young people and children in areas of high social and economic disadvantage.

We would like to make sure that we are targeting the programme effectively in terms of the needs of adults. As part of the registration process, we would like you to provide the following information.

All information will be treated confidentially.

Ref: _____

Project Ref: _____

Registration Details

1. Please state:

Activity (eg IFA Mini – Soccer Leaders Coaching Award):

Venue: _____ Date: _____

2. Please tell us your:

First Name: _____ Surname: _____

Address: _____

Postcode: _____ Tel No: _____

3. Please tell us your:

Gender: Male Female

Group/Organisation Name: _____

4. Do you have any Medical Conditions? Yes No

If yes, please provide details:

Ref: _____

Project Ref: _____

Regular Adult Participation

1. Have you taken part in any sport and physical activity in the last 12 months? Yes No

*(This includes sport e.g. Soccer; and recreational activities like walking, cycling and swimming **but do not include** domestic activities like housework and gardening and active travel such as travelling to work by cycling or walking.)*

2. Please tell us below, how many days a week, on average, do you take part in 'at least' 30 minutes of moderate physical activity before you came to the project:

(This includes all types of physical activity that makes your breathing and heartbeat faster, such as sport, recreation, active travel i.e. walking and cycling, and domestic activities i.e. gardening and housework. Exercise can be built up or 10 minute bursts and doesn't have to be done all at once.)

3. How is this activity broken down:

Activity	Days a week of 'at least' 30 minutes of moderate exercise
Sport and active recreation:	
Active travel e.g. cycling to work	
Work or part of paid employment eg Labourer:	
Domestic activity e.g. housework	
Total	

Ref: _____

Project Ref: _____

I give permission to be photographed and/or filmed for sporting purposes of PR under the Sport in Our Community Programme:

Yes No

I understand that while participating in this programme, injuries may occur for which coaches are not directly responsible.

Signed: _____

Date: _____

Ref: _____

Project Ref: _____

VOLUNTEER/COACH REGISTRATION FORM

Registration Details

1. Please state:

Activity (eg IFA Mini – Soccer Leaders Coaching Award):

Venue: _____ Date: _____

2. Please tell us your:

First Name: _____ Surname: _____

Address: _____

Postcode: _____ Tel No: _____

3. Please tell us your:

Gender: Male Female

Group/Organisation Name: _____

4. Do you have any Medical Conditions? Yes No

If yes, please provide details:

Ref: _____

Project Ref: _____

VOLUNTEER/COACH MONITORING FORM

Please tell us your:

1. Gender: Male Female

2. Age/DOB: _____/_____

3. Marital Status

Are you: Single Married
 Widowed Cohabiting
 Divorced Separated

4. Employment Status

Are you: Employed Unemployed
 Training Programme Student
 Looking after the home Not working

5. If employed, what is your occupation?

Ref: _____

Project Ref: _____

6. To which of these ethnic groups do you consider yourself to belong?

- | | | | |
|-----------------|--------------------------|-----------------|--------------------------|
| White | <input type="checkbox"/> | Bangladesh | <input type="checkbox"/> |
| Irish Traveller | <input type="checkbox"/> | Indian | <input type="checkbox"/> |
| Chinese | <input type="checkbox"/> | Black African | <input type="checkbox"/> |
| Pakistani | <input type="checkbox"/> | Black Caribbean | <input type="checkbox"/> |
| Ethnic (other) | <input type="checkbox"/> | Black (other) | <input type="checkbox"/> |

7. Do you have a disability? Yes No

If yes, please state:

- | | | | |
|--------------------------|--------------------------|---------------------|--------------------------|
| Wheel chair User | <input type="checkbox"/> | Deaf | <input type="checkbox"/> |
| Ambulant Disabled | <input type="checkbox"/> | Hearing Impaired | <input type="checkbox"/> |
| Blind | <input type="checkbox"/> | Learning Disability | <input type="checkbox"/> |
| Mental Health Difficulty | <input type="checkbox"/> | Visually Impaired | <input type="checkbox"/> |

8. Nationality: _____

9. Do you regard yourself as belonging to any particular religion?

Yes No

10. If yes, what religion do you belong to:

Catholic Protestant Other

11. If no, what religion were you brought up in?

Ref: _____

Project Ref: _____

12. Have you ever received Child Protection of PEC training?

Yes No

If yes, please provide details: _____

13. Do you have any sport specific and/or coaching qualification(s)?

Yes No

If yes, please provide details in the table below:

Qualification Title	Qualification Type	Valid from Date	Valid to Date

I give permission to be photographed and/or filmed for sporting purposes of PR under the Sport in Our Community Programme:

Yes No

I understand that while participating in this programme, injuries may occur for which coaches are not directly responsible.

Signed: _____ Date: _____

Ref: _____

Project Ref: _____

ATTENDANCE REGISTER

Activity: _____

Location: _____ Date: _____

Session No: _____ Duration of Session: _____

Coaches present:

Volunteers present:

Name or reference number of participant attending:

Ref: _____

Project Ref: _____

FOLLOW-UP ADULT REGULAR PARTICIPATION FORM

Date: _____

Following completion of your sport/activity in the Community Sport Programme, please let us know if your sport/activity levels have increase. Please answer the following:

1. Please tell us below, how many days a week, on average, do you take part in 30 minutes of moderate physical activity:

(This includes all types of physical activity that makes your breathing and heartbeat faster, such as sport, recreation, active travel ie walking and cycling, and domestic activities ie gardening and housework. Exercise can be built up or 10 minute bursts and doesn't have to be done all at once.)

3. How is this activity broken down:

Activity	Days a week of 30 minutes of moderate exercise
Sport and active recreation:	
Active travel (cycling or walking to work):	
Work or part of paid employment (construction worker or park ranger:	
Domestic activity (housework or gardening):	
Total	

THANK YOU FOR YOUR HELP

Ref: _____

Project Ref: _____

FOLLOW-UP CHILDRENS/YOUNG PERSONS REGULAR PARTICIPATION FORM

Following completion of your sport/activity in the Community Sport Programme, please let us know if your sport/activity levels have increase. Please answer the following:

Date: _____

1. Please tell us below, how many days a week, on average, do you take part in 60 minutes of moderate physical activity:

(This includes all types of physical activity that makes your breathing and heartbeat faster, such as sport, recreation, active travel ie walking and cycling, and domestic activities ie gardening and housework. Exercise can be built up or 10 minute bursts and doesn't have to be done all at once.)

3. How is this activity broken down:

Sport and active recreation:	Days a week of 60 minutes of moderate exercise
Active travel (cycling or walking to work):	
Work or part of paid employment (construction worker or park ranger:	
Domestic activity (housework or gardening):	
Sport and active recreation:	
Total	

THANK YOU FOR YOUR HELP