## The OldhamActive PLUS ONE CARD



## To apply you will need to meet one or more of the following criteria:

- Working for health and social care organisation
- Working for a person who requires additional help or assistance when using OCL facilities

## Proof required is the following:

- Letter from care organisation giving evidence of employment
- Evidence of working for someone who is in receipt of disability living allowance, personal independence payments or attendance allowance
- Evidence of working for someone who is registered blind

**Oldham** active

Proud to be part of the Oldham team





## **MEMBERSHIP FORM** requirements to be completed Please complete using block capitals

First Name:		Surname:	
Address:			
City/Town:		Pos	stcode:
Tel (Home):		Мо	bile:
Email:			
Date of Birth: D D / M M / Y Y Y Gender (please /): M Male F Female			
Ethnic origin (please)	✓):		
White		Black/Black British	Asian/Asian British
Mixed		African	Indian
White & Black	< Caribbean	Caribbean	Pakistani
White and Bla	ack African	Other	Bangladeshi
White and As	ian		Other
Other Other (please specify):			
How did you hear about the Oldham Active Card?			
Do you consider yourself to have a disability? Yes No			
Concession category, please tick if applicable (proof of entitlement is required)			
Over 60 years of	f age Under 18's /t	hose in full time educat	tion Active Card Plus One
Registered carer	s In receipt of	unemployment benefit	t/income support Registered disabled
Oldham Community Leisure may use your information to help personalise and develop the services that we offer, send you information about our products, discounts and services or those of our business partners. Oldham Community Leisure will never pass on your details to a third party for marketing purposes. We take your privacy very seriously, if you DO NOT wish to receive marketing communications from us, including information about new products and services, then please tick here.			
Signature:		Dat	te: D D / M M / Y Y Y Y
(If you are under 16 a parent or guardian must sign on your behalf). Terms and conditions apply. For a full list of terms and conditions please visit www.oclactive.co.uk or ask for a copy from reception.			
OFFICE USE AREA			
Concession category:		Proof shown:	Staff name:

Card number: \_\_\_\_\_\_ Receipt number: \_\_\_\_\_\_