



REGISTERING AN INTEREST FORM

Name**: _____

Address: _____

_____ Postcode: _____

Telephone Numbers:* _____

Email address:* _____

I am interested in Dive Ability Limited as:

- A potential beneficiary
- I have a friend/relative who is a potential beneficiary
- I work for an organisation that provides services to your beneficiaries
- I am a PADI or IAHD dive master, instructor or assistant instructor
- I am interested in becoming a buddy
- I live in a place that that is not near you and I would like to learn about setting up a dive club for people with disabilities or disadvantage
- I would like to help pool side
- I want to be involved in fund raising

Other – please provide some details: _____

If you would like to see further information from us by email, SMS or by telephone please tick this box.

**I consent to Dive Ability Limited collecting, storing and processing my personal and sensitive data, as understood by the Data Protection Act 1998.