UNIVERSITY OF CAMBRIDGE

MEMBERSHIP APPLICATION – SALARY SACRIFICE

First Name:												
Brith Name:	MEMBER ID:		GENERAL INF	ORMATION								
Birth Date:	Last Name:			Title:								
Peet Cade:	First Name:			Gender:	□ Male							
Address:	Birth Date:	//			Female							
Image:	Post Code:			Home Phone:								
CENTRE FEE MEMBERSHIP TYPE MEMBERSHIP TYPE Class Only Blue Class Only Class Only Peek Squash Class Only Class Only MEMBERSHIP LENGTH Class Only DEMEMBERSHIP START DATE TerMEMBERSHIP START DATE MEMBERSHIP START DATE MEMBERSHIP START DATE MEMBERSHIP START DATE TerMENT reduction in salary is to take effect on or about [26th of next moth]*: 26// I agree to make a single payment to the centre for the temporary membership period of: E	Address:			Email:								
Staff £20 MEMBERSHIP TYPE Blue Gold Red Class Only Peak Squash Off-Peak Squash Class Only MEMBERSHIP LENGTH Deltas Squash Deltas Squash Deltas Squash Deltas Squash DEMEMBERSHIP LENGTH DEMEMBERSHIP START DATE Data Membership will commence with effect from [1st of next month]: D1// Salary Sacrifice Detail to first month]: D1// I agree that my first reduction in salary is to take effect on or about [26th of next month]": 26// I agree to make a single payment to the centre for the temporary membership period of: £				Mobile Phone:								
MEMBERSHIP TYPE Blue Gold Red Class Only Peak Squash Off-Peak Squash Class Only I 2 Months	CENTRE FEE											
Blue □ Gold □ Red □ Class Only □ Peak Squash □ Off-Peak Squash ■ Peak Squash ■ Class Only □ 12 Months ■ Class Only □ 22 Months ■ PAYMENT METHOD □ Salary Sacrifice ■ PREFERRED MEMBERSHIP START DATE Membership will commence with effect from [1st of next month]: 01// I agree that my first reduction in salary is to take effect on or about [26th of next month]: 01// I agree that my first reduction in salary is to take effect on or about [26th of next month]: 01// I agree that my first reduction in salary is to take effect on or about [26th of next month]: 01// I agree to make a single payment to the centre for the temporary membership period of: €	□ Staff £20											
Date Off-Peak Squash Peak Squash Peak Squash Deck Squash Deck Squash Deck Squash Peak Squash Deck Squash Defeak Squash Deck Squash Defeak Squash Deck Squash Defeak Squash Destate Squash Defeak Squash Destate Squash Defeak Squash <			MEMBERSHIP	ТҮРЕ								
MEMBERSHIP LENGTH I 24 Months PAYMENT METHOD Salary Sacrifice Salary Sacrifice I agree that my first reduction in salary is to take effect on or about [26th of next month]! 01// I agree that my first reduction in salary is to take effect on or about [26th of next month]! 01// I agree that my first reduction in salary is to take effect on or about [26th of next month]! 01// I agree to make a single payment to the centre for the temporary membership period of: £	□ Blue	□ Gold		ed	Class Only							
MEMBERSHIP LENGTH I 2 Months PAYMENT METHOD Salary Sacrifice Membership will commence with effect from [1st of next month]: 01// I agree that my first reduction in salary is to take effect on or about [26th of next month]': 26// I wish to have a temporary membership util: 01// I agree that my first reduction in salary is to take effect on or about [26th of next month]': 26// I wish to have a temporary membership util: 01// I wish to have a temporary membership period of: E	□ Peak Squash	□ Off-Peak Squash	1									
PAYMENT METHOD Salary Sacrifice Membership vill commence with effect from [1st of next month]: 01// Membership will commence with effect from [1st of next month]: 01// I agree that my first reduction in salary is to take effect on or about [26th of next month]*: 26// I wish to have a temporary membership until: 01// I agree to make a single payment to the centre for the temporary membership period of: £												
□ Salary Sacrifice Membership will commence with effect from [1st of next month]: 01// I agree that my first reduction in salary is to take effect on or about [26th of next month]*: 26// I wish to have a temporary membership until: 01// I agree to make a single payment to the centre for the temporary membership period of: €	12 Months											
PREFERED MEMBERSHIP START DATE Membership will commence with effect from [1st of next month]: 01// I agree that my first reduction in salary is to take effect on or about [26th of next month]*: 26// I wish to have a temporary membership until: 01// I agree to make a single payment to the centre for the temporary membership period of: £			PAYMENT MET	НОД								
Membership will commence with effect from [1st of next month]: 01// I agree that my first reduction in salary is to take effect on or about [26th of next month]*: 26// I agree that my first reduction in salary is to take effect on or about [26th of next month]*: 26// I wish to have a temporary membership until: 01// I agree to make a single payment to the centre for the temporary membership period of: £	□ Salary Sacrifice											
I agree that my first reduction in salary is to take effect on or about [26th of next month]*: 26// I wish to have a temporary membership until: 01// I agree to make a single payment to the centre for the temporary membership period of: £		PF	REFERRED MEMBERSH	IP START DATE								
I wish to have a temporary membership until: I agree to make a single payment to the centre for the temporary membership period of: I agree to make a single payment to the centre for the temporary membership period of: I agree to make a single payment to the centre for the temporary membership period of: I agree to make a single payment to the centre for the temporary membership period of: I agree to make a single payment to the centre for the temporary membership period of: I agree to make a single payment to the centre for the temporary membership period of: I agree to make a single payment to the centre for the temporary membership period of: I agree to make a single payment to the centre for the temporary membership period of: I agree to make a single payment to the centre for the temporary membership period of: I agree to make a single payment to the centre for the temporary membership period of: I agree to make a single payment to the centre for the temporary membership period of: I agree to make a single payment to the centre for the temporary membership period of: I agree to make a single payment to the centre for the temporary membership period of: I agree to make a single payment to the centre for the temporary membership period of: I agree to make a single payment to the temporary membership period of: I agree to make a single payment to the temporary membership period of: I agree to make a single payment to the temporary membership period of: I agree to make a single payment to the temporary membership temporary membership temporary membership temporary membership temporary membership temporary membership temporary t	Membership will commence wit	Membership will commence with effect from [1st of next month]: 01//										
I agree to make a single payment to the centre for the temporary membership period of:												
*SALARIES ARE PAID TO ALL STAFF ON THE 26TH OF THE MONTH, UNLESS THIS FALLS ON A WEEKEND OR BANK HOLIDAY WHEN THE PAY DAY AND THEREFORE FIRST REDUCTION IN SALARY WILL BE BROUGHT FORWARD TO THE FRIDAY. EMERGENCY CONTACT DETAILS Name: Phone: Relationship: Name: Phone: Relationship: This information will be used to monitor use of the facility. Do you consider yourself to have a disability? (~) Ethnic Origin (~): Do you consider yourself to have a disability? (~) Bangladeshi White & Asian Yes Black African White & Black African If yes: Black Caribbean White British Hearing impairment Indian White British (English) Learning disability Other Asian background White British (Welsh) Other type of disability Other Mixed background White Irish Visual impairment/mobility issues Other White background Any other background Visual impairment Pakistani Prefer not to say Prefer not to say	I wish to have a temporary me	mbership until:		01/	/							
PAY DAY AND THEREFORE FIRST REDUCTION IN SALARY WILL BE BROUGHT FORWARD TO THE FRIDAY. EMERGENCY CONTACT DETAILS Name: Phone: Relationship: Name: Phone: Relationship: This information will be used to monitor use of the facility. Do you consider yourself to have a disability? (<') Ethnic Origin (<'): O you consider yourself to have a disability? (<') Bangladeshi White & Asian Yes Black African White & Black African If yes: Black African White & Black Caribbean Health condition/long-term illness Chinese White British (English) Hearing impairment Indian White British (Scottish) Other type of disability Other Asian background White British (Kelsh) Other type of disability Other Mixed background White British (Welsh) Visual impairment/mobility issues Other White background Any other background Visual impairment/mobility issues	I agree to make a single payme	ent to the centre for the ten	nporary membership perio	od of: £								
Name: Phone: Relationship: Relationship: This information will be used to monitor use of the facility. Do you consider yourself to have a disability? (~) Ethnic Origin (~): □ No □ Bangladeshi □ White & Asian □ Yes □ Black African □ White & Black African If yes: □ Black Caribbean □ White & Black Caribbean □ Health condition/long-term illness □ Chinese □ White British (English) □ Learning disability □ Indian □ White British (Scottish) □ Other type of disability □ Other Asian background □ White British (Welsh) □ Physical impairment/mobility issues □ Other Mixed background □ White Irish □ Visual impairment/mobility issues □ Other White background □ Any other background □ Visual impairment/mobility issues												
ETHNICITY AND DISABILITY MONITORING ETHNICITY AND DISABILITY MONITORING Do you consider yourself to have a disability? (<) Ethnic Origin (<): Do you consider yourself to have a disability? (<) Bangladeshi White & Asian No Black African White & Black African If yes: Black Caribbean White & Black Caribbean Health condition/long-term illness Chinese White British Learning impairment Indian White British (English) Learning disability Other Asian background White British (Welsh) Other type of disability Other Mixed background White Irish Physical impairment/mobility issues Other White background Any other background Visual impairment Pakistani Prefer not to say Visual impairment			EMERGENCY CONTAG	CT DETAILS	-							
This information will be used to monitor use of the facility. Do you consider yourself to have a disability? (<)	Name:	Ph	ione:		Relationship:							
Ethnic Origin (<):		ETH	NICITY AND DISABILI	TY MONITORING	G							
BangladeshiWhite & AsianYesBlack AfricanWhite & Black AfricanIf yes:Black CaribbeanWhite & Black CaribbeanHealth condition/long-term illnessChineseWhite BritishHearing impairmentIndianWhite British (English)Learning disabilityOther Asian backgroundWhite British (Scottish)Other type of disabilityOther Black backgroundWhite British (Welsh)Physical impairment/mobility issuesOther White backgroundWhite British (Welsh)Visual impairment/mobility issuesOther White backgroundPrefer not to sayVisual impairment	This information will be used to	o monitor use of the facility.		Do you conside	er yourself to have a disability? (\checkmark)							
Black AfricanWhite & Black AfricanIf yes:Black CaribbeanWhite & Black CaribbeanHealth condition/long-term illnessChineseWhite BritishHearing impairmentIndianWhite British (English)Learning disabilityOther Asian backgroundWhite British (Scottish)Other type of disabilityOther Black backgroundWhite IrishPhysical impairment/mobility issuesOther White backgroundAny other backgroundVisual impairmentPakistaniPrefer not to sayImpairment	Ethnic Origin (✓):			D No								
Black CaribbeanWhite & Black CaribbeanHealth condition/long-term illnessChineseWhite BritishHearing impairmentIndianWhite British (English)Learning disabilityOther Asian backgroundWhite British (Scottish)Other type of disabilityOther Black backgroundWhite British (Welsh)Physical impairment/mobility issuesOther Mixed backgroundWhite IrishVisual impairmentOther White backgroundAny other backgroundVisual impairmentPakistaniPrefer not to sayVisual impairment	🗆 Bangladeshi	🗆 White & Asia	n	🗆 Yes								
Chinese White British Hearing impairment Indian White British (English) Learning disability Other Asian background White British (Scottish) Other type of disability Other Black background White British (Welsh) Physical impairment/mobility issues Other Mixed background White Irish Visual impairment Other White background Any other background Visual impairment Pakistani Prefer not to say Visual impairment	□ Black African	White & Blac	k African	If yes:								
IndianWhite British (English)Learning disabilityOther Asian backgroundWhite British (Scottish)Other type of disabilityOther Black backgroundWhite British (Welsh)Physical impairment/mobility issuesOther Mixed backgroundWhite IrishVisual impairmentOther White backgroundAny other backgroundVisual impairmentPakistaniPrefer not to sayVisual impairment	Black Caribbean	White & Black Caribbean		Health condition/long-term illness								
Image: Constraint of the string of the st	□ Chinese	White British		□ Hearing	Hearing impairment							
Other Black background White British (Welsh) Physical impairment/mobility issues Other Mixed background White Irish Visual impairment Other White background Any other background Visual impairment Pakistani Prefer not to say Visual impairment	🗆 Indian	White British (English)		🗆 Learning	Learning disability							
□ Other Mixed background □ White Irish □ Visual impairment □ Other White background □ Any other background □ □ Pakistani □ Prefer not to say □	Other Asian background	White British (Scottish)		□ Other ty	□ Other type of disability							
□ Other White background □ Any other background □ Pakistani □ Prefer not to say	□ Other Black background	□ White British (Welsh)		Physical impairment/mobility issues								
Pakistani Prefer not to say	Other Mixed background	White Irish		Visual impairment								
	□ Other White background	Any other ba	ckground									
HOW DID YOU HEAR ABOUT THE SPORTS CENTRE? (PLEASE CIRCLE ONE)	🗆 Pakistani	□ Prefer not to	say									
· · ·		HOW DID YOU HEA	R ABOUT THE SPORTS	CENTRE? (PLEA	SE CIRCLE ONE)							
Advert Leaflet/Postcard Magazine Friend Newsletter	Advert	Leaflet/Postcard	Magazine	Friend	Newsletter							
Newspaper Poster Website Facebook Twitter	Newspaper	Poster	Website	Faceb	ook Twitter							
Other	Other											

ADDITIONAL DETAILS													
Car Registration Number:			Payroll Number	-		(8 digits)							
Job Title:			University Card Numb	er .									
Department/College:			Post-Doc Details:	I	⊐ Yes □ No)							
Family/Joint Member Name:													
HEALTH FORM													
When did you last take part in an exercise	e programme? (✓)	□ Never	□ Months ago	□ Years ago		□ Regularly							
If you exercise regularly, how often? (\checkmark)		□ Once a week	□ 2-3 times a week	□ 4+ times a	week	Not applicable							
Please tick if the answer is yes to any of the questions below (\checkmark):													
□ Have you ever had heart trouble?													
□ Do you ever have pains in your chest?													
□ Do you often feel faint or dizzy?													
□ Have you ever had high blood pressure?													
□ Have you any joint or bone problems?													
□ Is there any other reason why you should not perform physical exercise or that might affect your ability to exercise?													
If you have ticked any of the questions above, please describe any injuries, illnesses, disabilities or conditions (including pregnancy) below:													
As far as you are aware, are you allergic to any drugs? (Please state)													
Are you taking any regular medication? If	so, for what reason	1?											
	INC	OUCTION/WAIV	ER INFORMATION										
Inductions for the Fitness, Strength and Conditioning Suite can be booked at no additional cost. An induction is a one-to-one session with a qualified Fitness Instructor to give the member a thorough understanding of how to safely and effectively use the equipment available.													
You have the choice to sign an Induction Waiver or to complete an induction. If you choose to complete the Waiver, you can still have an Induction at a later date.													
Please indicate below whether you would	like to complete a v	Please indicate below whether you would like to complete a waiver or an induction:											
	inte to complete a r	vaiver or an induc	tion:										
Waiver		vaiver or an induc	tion:	'Centre Membe	ership' only r	nembers)							
	□ Induction					nembers)							
	□ Induction		□ N/A (Not applicable to/) Induction Time (nembers)							
	□ Induction to Complete: Indu	ction Date (/ AGREE	□ N/A (Not applicable to/) Induction Time (nembers)							
 Staff t Salary Exchange Only (University of t I confirm that I have read, understood I confirm that I have read, understood I understand that the University will needs to contact me about a booking I understand that the University would personal details for this purpose. I h If you have answered yes to any of t medical advice before commencing a Physiotherapist or other specified me I confirm that I have read, understood the arrangements set out in this form I confirm that I agree to a variation to salary will be reduced by the amount I understand that if I am determined the and that if I subsequently become interview. 	☐ Induction to Complete: Indu Cambridge Staff M od and agree to adh hold and agree to adh hold my personal de g; this may be by te Id like to keep me in hereby consent to such he questions on the an exercise program edical professional b d and agree to the C my contract of emp selected with effect by the University no	ction Date (/ AGREE Members Only) ere to the Terms ere to the Code o etails on its secure lephone, email or nformed about off uch use. e Health Form, ple me. For certain co efore using the fa CAMbens Gym Sa ployment (subject t from the date spit t to be eligible to p ship will terminate	□ N/A (Not applicable to /) Induction Time (MENT & Conditions (SALARY EXC f Conduct. e database and that it may text message. I hereby co ers or events that it thinks ase discuss this with a Fitr onditions, you will be requi cilities. lary Exchange Scheme Ge to meeting the required eli ecified (the 'salary exchange participate in the Salary Ex	CHANGE SCHEM use them in ca onsent to such may be of inte ness Instructor red to provide uidance detaile gibility criteria) ge').	.) 1E ONLY). ase of an emuse. erest to me a as you may a letter from d within the under which	nergency or in case it and may use my be advised to seek n your GP, CAMbens website and n my gross monthly pplication will be refused							
 Staff t Salary Exchange Only (University of t I confirm that I have read, understood I confirm that I have read, understood I understand that the University will needs to contact me about a booking I understand that the University wou personal details for this purpose. I h If you have answered yes to any of t medical advice before commencing a Physiotherapist or other specified me I confirm that I have read, understood the arrangements set out in this form I confirm that I agree to a variation to salary will be reduced by the amount 	☐ Induction to Complete: Indu Cambridge Staff M od and agree to adh hold and agree to adh hold my personal de g; this may be by te Id like to keep me in hereby consent to such he questions on the an exercise program edical professional b d and agree to the C my contract of emp selected with effect by the University no	ction Date (/ AGREE Members Only) were to the Terms were to the Code o etails on its secure lephone, email or nformed about off ich use. the Health Form, ple me. For certain co efore using the fa CAMbens Gym Sa bloyment (subject t from the date spit t to be eligible to p	□ N/A (Not applicable to /) Induction Time (MENT & Conditions (SALARY EXC f Conduct. e database and that it may text message. I hereby co ers or events that it thinks ase discuss this with a Fitr onditions, you will be requi cilities. lary Exchange Scheme Ge to meeting the required eli ecified (the 'salary exchange participate in the Salary Ex	CHANGE SCHEM use them in ca onsent to such may be of inte ness Instructor red to provide uidance detaile gibility criteria) ge').	.) 1E ONLY). ase of an emuse. erest to me a as you may a letter from d within the under which	hergency or in case it and may use my be advised to seek h your GP, CAMbens website and h my gross monthly							
Staff t Salary Exchange Only (University of total 1. I confirm that I have read, understood 2. I confirm that I have read, understood 3. I understand that the University will in needs to contact me about a booking 4. I understand that the University would personal details for this purpose. I h 5. If you have answered yes to any of the medical advice before commencing an Physiotherapist or other specified medical advice before commencing an Physiotherapist or other specified medical advice before to a variation to salary will be reduced by the amount 8. I understand that if I am determined the and that if I subsequently become intermined the I subsequently become in	☐ Induction to Complete: Indu Cambridge Staff M od and agree to adh hold any personal de g; this may be by te Id like to keep me in pereby consent to su the questions on the an exercise program edical professional b d and agree to the C my contract of emp selected with effect by the University no eligible my Members	ction Date (/ AGREE Members Only) ere to the Terms ere to the Code o etails on its secure lephone, email or nformed about off uch use. e Health Form, ple me. For certain cc efore using the fa CAMbens Gym Sa oloyment (subject t from the date spit t to be eligible to p ship will terminate 	□ N/A (Not applicable to /) Induction Time (MENT & Conditions (SALARY EXC f Conduct. e database and that it may text message. I hereby co ers or events that it thinks ase discuss this with a Fitr anditions, you will be required cilities. lary Exchange Scheme Gi to meeting the required eli ecified (the 'salary exchange participate in the Salary Exchange control to the salary exchange to meeting the required eli	CHANGE SCHEN r use them in ca onsent to such s may be of inter ness Instructor red to provide uidance detaile gibility criteria) ge'). schange Schem	.) 1E ONLY). ase of an em- use. erest to me a as you may a letter from d within the under which he that my ap- 	hergency or in case it and may use my be advised to seek n your GP, CAMbens website and n my gross monthly pplication will be refused Date/							
Staff t Salary Exchange Only (University of t 1. I confirm that I have read, understood 2. I confirm that I have read, understood 3. I understand that the University will in needs to contact me about a booking 4. I understand that the University woul personal details for this purpose. I he 5. If you have answered yes to any of the medical advice before commencing an Physiotherapist or other specified medical advice before a variation to salary will be reduced by the amount 6. I confirm that I agree to a variation to salary will be reduced by the amount 8. I understand that if I am determined the and that if I subsequently become intermined the and thetermined the and thetermined thetermined thetermined th	☐ Induction to Complete: Indu Cambridge Staff M od and agree to adh hold and agree to adh hold my personal de g; this may be by te Id like to keep me in hereby consent to such he questions on the an exercise program edical professional b d and agree to the C my contract of emp selected with effect by the University no	ction Date (/ AGREE Members Only) ere to the Terms ere to the Code o tails on its secure lephone, email or nformed about off ich use. e Health Form, ple me. For certain co efore using the fa CAMbens Gym Sa choyment (subject t from the date spit t to be eligible to p ship will terminate Signed Wizard Applied	□ N/A (Not applicable to /) Induction Time (MENT & Conditions (SALARY EXC f Conduct. e database and that it may text message. I hereby co ers or events that it thinks ase discuss this with a Fitr onditions, you will be requi cilities. lary Exchange Scheme Ge to meeting the required eli ecified (the 'salary exchange participate in the Salary Ex	CHANGE SCHEN t use them in ca onsent to such to may be of inter- ness Instructor red to provide to uidance detaile igibility criteria) ge'). schange Schem	.) 1E ONLY). ase of an emuse. erest to me a as you may a letter from d within the under which	hergency or in case it and may use my be advised to seek in your GP, CAMbens website and in my gross monthly pplication will be refused Date/ Lockers							