

Birmingham
Ability
Counts
League

Girls Ability Counts Development Day



Do you want to get involved
in disability football?

Do you want to meet new friends
and play in a regular competition?

If so then this is a day for you. The day is
free for all females who are interested in
getting involved in football and more
importantly having fun!



Birmingham County
Football Association:
Development Office

County HQ
Ray Hall Lane
Birmingham
B43 6JF

Tel:
0121 357 4278
(option 2)

E-mail:
info@
birminghamfa.com

Web:
www.birminghamfa.com

**Saturday 19th January
2008**

1.00pm - 4.00pm

Aston Villa Academy

Villa Park, Birmingham

B6 6HE

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Female Footballers..... Play your part!

WHEN?

Saturday 19th January 2008
1.00pm - 4.00pm

WHERE?

Aston Villa Academy, Villa Park,
Birmingham, B6 6HE

HOW MUCH?

FREE!

WHO?

Anyone **female** who is interested
in playing football.

HOW?

Register your place now by completing
and returning the attached form.

ANY QUESTIONS?

Contact: Amy Bradley

E-mail: amy.bradley@birminghamfa.com

Tel: 0121 357 4278 (option 2)

Mob: 07969886124



Girls Ability Counts Festival Application Form

Please complete this form, detach and return to:
**Amy Bradley, County Offices, Ray Hall Lane,
Great Barr, Birmingham B43 6JF**

NAME:		
AGE & D.O.B:		
ADDRESS:		
	POST CODE:	
E-MAIL:		
TEL (home):		
TEL (mobile):		
SIGNED:		
NAME OF PARENT/ GUARDIAN:		
SIGNATURE:		
CONTACT NUMBER:		
Details of Disability:		
Any Special Requirements?		
Name of Club (if already playing):		



SPORTS EQUITY MONITORING

Applicants are requested to put a cross in the relevant boxes below to enable BCFDS/BCFA to monitor its Sports Equity Policy.

BCFDS/BCFA will analyse the information on a depersonalised basis and will not disclose the results of the analysis except in this anonymised form.

Monitoring is recommended by the codes of practice for the elimination of discrimination on the grounds of age, gender race or disability, however we respect your right not to disclose this information; therefore, completion of this form is not compulsory.

Age

Under 18 18-30 31-40 41-50 51-60 61-65 Over 65

Gender

Please indicate if you are:

Male

Female

Ethnic Background

Please choose from A-E then mark X in the appropriate box to indicate ethnic background.

A: White

English

Irish

Scottish

Welsh

Other

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

B: Mixed

White & black Caribbean

White & black African

White & Asian

Other

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

C: Asian/Asian British

Indian

Pakistani

Bangladeshi

Other

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

D: Black/Black British

Caribbean

African

Other

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

E: Chinese/Other Ethnic Group

Chinese

Other

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Disability: please tick if you have a disability:

If you have ticked the box, please mark X in all boxes that apply to you:

Visual impairment

Hearing impairment

Mental health problems

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Physical disability

Learning disability

<input type="checkbox"/>
<input type="checkbox"/>

Please enclose with your application form - THANK YOU