Love Fisher Brown Award

|  |  |
| --- | --- |
| **Entry Form** | |
| **Club Name:** |  |
| **Postal Address:** | **Post Code:** |
| **Main Club Contact Email or telephone:** |  |
| **NGB affiliated to:** | **Bowls England 🞎 EIBA 🞎** |
| **Name of person applying:** |  |
| **Position within club or organisation:** |  |
| **Contact email or telephone:** |  |

**Section 1:**

Please complete the following tables to provide an overview of the nature of the participants taking part in your project and/or sessions:

|  |  |  |  |
| --- | --- | --- | --- |
| **Total number of club members** | | **Club Members with at least 1 impairment.** | |
| **Playing members** | **Social Members** | **Playing Members** | **Social Members** |
|  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DISABILITY** | | | | | | | | | | | | |
| **Disability Group** | **U18** | | **18-39** | | **40-54** | | **55-64** | | **65-74** | | **75+** | |
| M | F | M | F | M | F | M | F | M | F | M | F |
| *e.g. Group 2* | *0* | *0* | *0* | *1* | *1* | *0* | *2* | *1* | *0* | *3* | *1* | *1* |
| **No long-standing illness or disability** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Group 1 – Vision** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Group 2 – Mobility** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Group 3 – Hearing** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Group 4 – Learning or concentrating or remembering** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Group 5 – Mental Health** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Group 6 – Stamina or breathing difficulty** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Group 7 – Social or behavioural issues** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Group 8 – Difficulty speaking or making yourself understood** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Group 9 – Dexterity Difficulties** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Group 10 – Long-term pain or discomfort** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Group 11 - Other** |  |  |  |  |  |  |  |  |  |  |  |  |
| ***Total*** |  |  |  |  |  |  |  |  |  |  |  |  |

**Section 2:**

Please describe your activity and the nature of the disabled participation opportunities it provides in as much detail as possible.

**Section 3:**

* Please detail the impact your activity has had on the disabled participants and your club in general. You can include examples of how the activity has positively affected one or more of the participants.
* Please include information about the steps the club has taken to ensure the sustainability of the activity.

**Please return completed entry forms to:**

BDA, Pera Business Park, Nottingham Road, Melton Mowbray, Leics, LE13 0PB

or [disability@playbowls.org](mailto:disability@playbowls.org)