



Swindon Chess Club Member Questionnaire

Please write your answers clearly and legibly.

Title: _____

First Name: _____

Last Name: _____

Address: _____

Postcode: _____

E-Mail: _____

Landline: _____

Mobile: _____

OPTIONAL: Is there any other information you feel we should know?

e.g. allergies, medical conditions, pronouns, next-of-kin, dietary needs etc.

I hereby grant permission for my personal data to be stored, used and shared by Swindon Chess Club for use in the matters of running the club and other associated activities, in accordance with the club's Data Protection and Privacy Policy.

PRINT NAME: _____

SIGNED: _____

DATE: _____



Swindon Chess Club Member Questionnaire

Name: _____

Date: _____

How did you hear about Swindon Chess Club?

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> WORD OF MOUTH | <input type="checkbox"/> FACEBOOK |
| <input type="checkbox"/> WEBSITE | <input type="checkbox"/> OTHER _____ |

How long have you been playing chess?

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> Less than 1 year | <input type="checkbox"/> 1-2 years |
| <input type="checkbox"/> 3-5 years | <input type="checkbox"/> 6-10 years |
| <input type="checkbox"/> Over 10 years | |

What level of player are you?

- | | |
|---|--|
| <input type="checkbox"/> BEGINNER (0-800) | <input type="checkbox"/> INTERMEDIATE (801-1200) |
| <input type="checkbox"/> STRONG (1201-1600) | <input type="checkbox"/> ADVANCED (1601-2000) |
| <input type="checkbox"/> EXPERT (2000+) | <input type="checkbox"/> TITLED? _____ |

Which formats do you most enjoy?

- | | |
|--|---|
| <input type="checkbox"/> BULLET Under 3 minutes | <input type="checkbox"/> BLITZ 3-9 minutes |
| <input type="checkbox"/> RAPID 10-29 minutes | <input type="checkbox"/> LONG 30-59 minutes |
| <input type="checkbox"/> CLASSICAL 60 minutes and over | |

Which style do you most enjoy?

- | | |
|---|---|
| <input type="checkbox"/> FRIENDLY | <input type="checkbox"/> PRACTICE |
| <input type="checkbox"/> COMPETITION | <input type="checkbox"/> FISCHER RANDOM |
| <input type="checkbox"/> HAND-AND-BRAIN | <input type="checkbox"/> OTHER _____ |

What evening(s) would suit you best for chess club?

- | | |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> MONDAY | <input type="checkbox"/> TUESDAY |
| <input type="checkbox"/> WEDNESDAY | <input type="checkbox"/> THURSDAY |
| <input type="checkbox"/> FRIDAY | <input type="checkbox"/> SATURDAY |
| <input type="checkbox"/> SUNDAY | |

What are your chess user-names (if used)?

chess.com _____

lichess.org _____



Swindon Chess Club Member Questionnaire

Name: _____

Date: _____

Are you willing to play for Swindon Chess Club in the Wiltshire League?

- NO
- YES (home only)
- YES (home & away, some travel required)

Are you willing to play for Swindon Chess Club in the Chiltern Inter-County League?

- NO
- YES (home & away, some travel required)

Are you a qualified chess arbiter?

- NO
- YES
- Type: _____

Are you a trained chess coach?

- NO
- YES
- Type: _____

What formal clearances do you hold?

- NONE
- BPSS
- OTHER _____
- DBS
- Disclosure Scotland

What is your occupation / expertise? _____

Do you have any expectations from the club or other feedback?