



# Swindon Chess Club Member Questionnaire

**Please write your answers clearly and legibly.**

*(especially the e-mail address, phone numbers and postcode - block capitals are helpful)*

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 come to know 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 _____    |

Which 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    |                                   |

Which evening(s) are NOT suitable for you 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 on-line 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?

- |                                      |  |
|--------------------------------------|--|
| <input type="checkbox"/> NONE        | <input type="checkbox"/> DBS                 |
| <input type="checkbox"/> BPSS        | <input type="checkbox"/> Disclosure Scotland |
| <input type="checkbox"/> OTHER _____ |  |

What is your occupation / expertise? \_\_\_\_\_

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