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**Print Skills Training Programme**

First Name: Surname:

Address: Age: Date of Birth:

 Gender: MALE / FEMALE

Post Code:

Email: Tel:

Do you use any of the following?: Facebook:  Twitter:  Bebo:  Blackberry Messenger: 

If **YES**, please add your profile name/number..........................................................................................

**Please state your ethnicity:** White British **** Irish  White European  White Other  White & Black Caribbean White & Black African  White & Asian  Other Mixed  Indian  Pakistani  Bangladeshi  Other Asian  Black Caribbean 

Black African  Other Black  Chinese  Other Ethnic Group  Prefer not to say ****

Were you or your parents born outside of the UK? YES:  NO: 

Are you currently in part time or full time education? **YES:  NO: **

Are you currently undertaking any training or qualifications? **YES:  NO: **

What is the highest level qualification you have?

**......................................................................................................................................................................................................**

Are you currently employed on a part time or full time basis?  **YES:  NO: **

Do you have a long term illness, health problem, allergy or disability that limits your daily activities? YES:  NO:  If you answered **YES** please give details:..............................................

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198 & Clapham Print House

, Hustlebucks

198 Contemporary Arts & Learning

**Emergency Contact Details:**

Name:.................................................................... Contact Number:..................................................

Address: ..................................................................................................................................................

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Relationship to you: ...............................................................................................................................

**First Aid:**

I give permission to be given any of the following if necessary Analgesic Sprays, Plasters, Surgical Dressing, Antiseptic wash/cream/spray Yes  No 

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| --- |
| **Please note: If you are participating in a project and you are Asthmatic it is your responsibility to ensure you have your pump at every session.**  |

**Photography/Filming:**

Please note that to help promote and evaluate these activities, there may be video filming and photography at some sessions which may be used in publicity materials e.g. leaflets, newsletters or on official websites. We will ensure that all images are not accompanied by names or other details that could identify individuals.

I **DO / DO NOT** give permission to be filmed or photographed during these activities as described above (Please delete as appropriate).

|  |  |  |  |
| --- | --- | --- | --- |
| **Please provide your signature:** |  | **Date:** |  |

Thank you for signing up for this activity. The information you have given about yourself will be used to monitor the success of the programme and help us plan for future youth activities. We would like your permission use your contact details as follows:

* We might send you an email/text survey in the future. Please tick the box if you **DO NOT** want to be sent the survey.
* To notify you about other activities that you may be interested in. Please tick the box if you **DO NOT** want to be notified.

You will be contacted by email address or via a text to your mobile. We will collect and process all personal data in line with the Data Protection Act 1998. For more information on Data Protection please contact us.