

BOOKING FORM

Event/Workshop/Training			
Date and Time			
Venue			
Name			
Address			
Postcode		Date of Birth	
Telephone(s)			
Email			

Please tick below

What is your employment status?

- | | | | |
|---|--|--|----------------------------------|
| Employed (F/T) <input type="checkbox"/> | Employed (P/T) <input type="checkbox"/> | Self-employed <input type="checkbox"/> | Carer <input type="checkbox"/> |
| Student <input type="checkbox"/> | House-Person <input type="checkbox"/> | Unemployed <input type="checkbox"/> | Retired <input type="checkbox"/> |
| Unable to work <input type="checkbox"/> | Not Actively Seeking Work <input type="checkbox"/> | Prefer not to say <input type="checkbox"/> | |

What is your ethnic origin?

- | | | | |
|---|---|--|--------------------------------------|
| Bangladeshi <input type="checkbox"/> | Black African <input type="checkbox"/> | Black Caribbean <input type="checkbox"/> | Chinese <input type="checkbox"/> |
| Indian <input type="checkbox"/> | White British <input type="checkbox"/> | Pakistani <input type="checkbox"/> | White Irish <input type="checkbox"/> |
| Other White Background <input type="checkbox"/> | Other Black Background <input type="checkbox"/> | | |
| Other Asian Background <input type="checkbox"/> | Other Mixed Background <input type="checkbox"/> | Prefer not to say <input type="checkbox"/> | |

Please state your religion	
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What language do you speak at home?	
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Do you consider yourself to have a disability?	Yes		No		Prefer not to say	
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Signed _____ Date _____