



YOUNG LEWISHAM WORKSHOP ENROLMENT FORM

I would like to apply to enrol in the group/course at the Young Lewisham Project. I agree to abide by the “Health and Safety in the Workshop” and the general Project rules.

Name Age Date

Date of Birth Male/Female

Address

.....

.....

Home Telephone No. Mobile No.

Emergency Telephone No.

It would be helpful for us if you would give the following information. Please tick one from each section.

How do you define/perceive

- Black
- White
- Mixed Race
- Other (Please Specify)

Ethnic origin

- | | |
|---|--|
| <input type="checkbox"/> African | <input type="checkbox"/> Greek |
| <input type="checkbox"/> Arab | <input type="checkbox"/> Indian |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Irish |
| <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Mixed Race |
| <input type="checkbox"/> Caribbean | <input type="checkbox"/> Pakistani |
| <input type="checkbox"/> Black British | <input type="checkbox"/> Somali |
| <input type="checkbox"/> Black other | <input type="checkbox"/> Turkish |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> European other | <input type="checkbox"/> White British |

Disability

Please indicate below if you have any disability or medical condition that we need to know about.

.....

QUESTIONNAIRE

We would appreciate it if you could take some time to fill out the following questionnaire as it assists us in offering an improved service to young people.

Where did you hear about the Workshop.

- | | | | |
|---------------------|--------------------------|-------------------------------|--------------------------|
| From a friend | <input type="checkbox"/> | from a worker at the Workshop | <input type="checkbox"/> |
| From a Teacher | <input type="checkbox"/> | From a Youth Worker | <input type="checkbox"/> |
| Through advertising | <input type="checkbox"/> | Other (please specify) | <input type="checkbox"/> |

What school do you attend

.....
.....

How long have you been attending your present school

.....
.....

What year are you in.

.....
.....

Please name any schools you have previously attended.

.....
.....

What motor related interests do you have

- | | | | |
|------------------------|--------------------------|---------------|--------------------------|
| Off road riding | <input type="checkbox"/> | Mechanics | <input type="checkbox"/> |
| Go-karting | <input type="checkbox"/> | Engine theory | <input type="checkbox"/> |
| General motor sports | <input type="checkbox"/> | Cars | <input type="checkbox"/> |
| Other (please specify) | <input type="checkbox"/> | | |

What other hobbies or interests do you have.

- | | | | |
|------------------|--------------------------|-----------------------|--------------------------|
| Football | <input type="checkbox"/> | Music | <input type="checkbox"/> |
| Snooker | <input type="checkbox"/> | Clubs going out etc | <input type="checkbox"/> |
| Cineama/Videos | <input type="checkbox"/> | Swimming | <input type="checkbox"/> |
| Shopping Clothes | <input type="checkbox"/> | Other(please specify) | <input type="checkbox"/> |

For office use only

Entered on Database
Date Entered

