



Group:

YOUNG LEWISHAM PROJECT - ENROLMENT FORM

Name Date of Birth Age

Address

Postcode Male Female

Home Telephone No. Mobile No.

Emergency Contact: Name Telephone No

Do you have any medical conditions or disabilities we need to know about? If so, please specify –

Young Lewisham Project takes your privacy very seriously and will only use your personal information in accordance with attendance on a YLP programme. Your personal details are stored securely with access limited to designated staff for the purposes of carrying out their daily duties. We do not share your data with any third parties, with the exception of LB Lewisham’s Youth First database as part of ongoing monitoring and reporting requirements. We do use statistical information we collect for the purposes of evaluation and evidence of need for current and future funding applications. You can request to review or delete any information we hold at any time.

Sometimes we take photographs and videos of our activities, trips and events. These are used for accreditation purposes and on our social media platforms (facebook and twitter), our website, and in YLP marketing/promotional material (such as newsletters, posters, leaflets etc). No personal details are ever included and the use of this material will only be if consent is expressly given. All photos and other electronic material are stored on our password protected Google Drive.

Your signature confirms you accept these conditions of attendance and that you agree to abide by the ‘Health & Safety in the Workshop’ and general Project rules.

Signed Date

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

How do you define/perceive yourself

Ethnic Origin

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

- African
- Arab
- Asian
- Bangladeshi
- Caribbean
- Black British
- Black Other
- Chinese
- European Other
- Greek

- Indian
- Irish
- Mixed Race
- Pakistani
- SE Asian Other
- Somali
- Turkish
- Vietnamese
- White British
- White Other

QUESTIONNAIRE

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

Where did you hear about the Young Lewisham Project?

- | | | | |
|---------------------|--------------------------|------------------------------|--------------------------|
| From a friend | <input type="checkbox"/> | From a worker at the Project | <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"/> |
| Cinema/DVDs | <input type="checkbox"/> | Swimming | <input type="checkbox"/> |
| Shopping/clothes | <input type="checkbox"/> | Other (please specify) | <input type="checkbox"/> |
-

25 May 2018

For office use only

Entered on Database Y/N
Date Entered