**One Place Creative and SPACE**

**Registration Form**

**Participant Details:**

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | | |
| Address: | Postcode: | | |
| Contact Number: |  | | |
| Email: |  | | |
| D.O.B: |  | Gender: | Male  Female |
| **Employment Status:** | | | |
| Self-employed  Employed  Unemployed/state benefits  Retired p  Full time student  Other | | | |

**Which workshop are you applying for?**

|  |  |
| --- | --- |
| **Building a mobile workshop** | |
| What is the dates of the Workshop? | 21st and 22nd Sept. |

|  |  |
| --- | --- |
| **Office Use Only:** | |
| Compulsory tasks completed:  Data consent form  Equal opportunities form | Client interested in workshops:  Money management  Digital access  Welfare benefit entitlements/HMRC |

|  |  |
| --- | --- |
| **Support channels used:** | **Category:** |
| Face to face  Telephone  Email  Group meeting/workshops  Home visit | Over 55/ Pensioner  Migrants/refugee  Disabled (physical/mental health)  Student  Digitally excluded (no access)  Digital assistance needed  Single parent  Other vulnerable group |





**Data Consent Form**

Firstly, we need to reassure you that One Place East is committed to keeping your data secure. We will only collect data that is necessary for us to be able to continue to provide you with a service, to contact you and to comply with the monitoring requirements of our funders. Any information that is given to our funders is in an anonymized form.

Under the new regulations you have certain rights. These include the right to view the data we hold on you and to make any corrections that may be necessary. You also have the right to object to us holding your personal data, however, please be aware that this option would mean that you will need to return the card to us for destruction as we would have to delete your details from our systems.

We will hold your information on our systems until you advise us that you no longer wish to receive a service. After this, we will only use your data to comply with any subsequent legal requirements and then we will either delete or anonymise your data.

If the person directly receiving a service is unable to sign then the form should be signed by someone on their behalf.

I give consent for One Place East to hold my data in line with the new General Data Protection Regulations. \*

I do not give consent for One Place East to hold my data in line with the new General Data Protection Regulations \*

**\* Please tick as appropriate.**

**Name of person receiving a service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signed ………………………………………………………

Date …………………………………………………………

If signed on behalf of the person receiving a service, please complete below:

Name: ………………………………………………………

Signed ………………………………………………………

Relationship:……………………………………………….

Date …………………………………………………………

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**EQUAL OPPORTUNITIES MONITORING**

In order to help us monitor the effectiveness of our policy, please complete this form. The information will be used solely for monitoring purposes and treated as strictly confidential.

**ETHNIC ORIGIN:**

**Please tick the category which you feel best describes your ethnic origin:**

|  |  |  |  |
| --- | --- | --- | --- |
| **WHITE:** |  | **BLACK OR BLACK BRITISH:** |  |
| British |  | Caribbean |  |
| Irish |  | African |  |
| Any Other White Background |  | Any Other Black Background |  |
| **MIXED:** |  | **ASIAN OR ASIAN BRITISH:** |  |
| White and Black Caribbean |  | Indian |  |
| White and Black African |  | Pakistani |  |
| White and Asian |  | Bangladeshi |  |
| Any other Mixed Background |  | Any Other Asian Background |  |
| **OTHER ETHNIC GROUPS:** |  |  |  |
| Chinese |  | Prefer not to say |  |
| Any Other Ethnic Groups |  |  |  |

**DISABILITY:**

**The disability discrimination act defines disability as ‘a physical or mental impairment which has a substantial and long term adverse effect on your ability to carry out normal day to day activities’.**

|  |  |  |  |
| --- | --- | --- | --- |
| Do you consider yourself  to have a disability? | Yes | No | Prefer not to say |

**AGE:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Please choose one of the options below:** | | | | |
| Age Groups | 16 – 17 | 18 – 24 | 25 – 44 | Prefer not to say |
| 45 – 54 | 55 – 64 | 65 + |

**RELIGION:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **I would describe my religion as the following (please indicate one):** | | | | |
| None | Christian | Buddhist | Hindu | Muslim |
| Sikh | Jewish | Other (please specify): | | Prefer not to say |

**GENDER AND SEXUAL ORIENTATION:**

Answering this question will help us to monitor our recruitment practices and recognise the diversity needs of our volunteers. However, we understand that how people define their sexual and/or gender orientation is a personal choice and understand if you prefer not to respond to this question.

|  |  |  |
| --- | --- | --- |
| **I would describe myself as the following (please indicate one):** | | |
| Female | Male | Transgender |

|  |  |  |
| --- | --- | --- |
| **I would describe myself as the following (please indicate one):** | | |
| Heterosexual | Homosexual | Lesbian |
| Bisexual | Other | Prefer not to say |

**EMPLOYMENT:**

|  |  |  |
| --- | --- | --- |
| **Employment Status:** | | |
| Employed Full Time | Employed Part Time | Retired |
| Self Employed | Unemployed | Prefer not to say |

**Please save this and email it to** [**saifur.valli@oneplaceeast.org**](mailto:saifur.valli@oneplaceeast.org)

**THANK YOU**