**Intro to youth work booking form**

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| **Learner details** | |
| Full name |  |
| Address |  |
| Phone |  |
| Email |  |

|  |  |  |
| --- | --- | --- |
| **Date** | **Location** | **Please tick location you would like to attend** |
| 23rd & 30th September 2023 | Minehead Eye, 1 Mart Road, Minehead, TA24 5BJ |  |
| 13th & 20th January 2024 | Yeovil – Location TBC |  |
| 2nd & 9th March 2024 | Taunton – Location TBC |  |

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| Organisation Name, address, email and phone number for invoicing |  |
| Role held & brief overview of your experience of youth work |  |

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| **MEDICAL & SUPPORT INFORMATION** | |
| Do you have any health issues or allergies? If yes, please give details |  |
| Do you have a physical disability? If yes, please give details |  |
| Are you living with or recovering from mental health issues? If yes, please give details |  |
| Do you have any additional support needs that you would like us to be aware of to enable us to support you during the course? If yes, please give details. |  |

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| **Please tick each box if you agree:**  I understand I have the right to ask to see information held about me by South Gloucestershire Playscheme. For further information about how South Gloucestershire Playscheme uses this information please contact us directly.  o I confirm the details on this form are correct and I agree that the information can be used in accordance with South Gloucestershire Playscheme privacy statement. I will inform South Gloucestershire Playscheme of any changes to these details.  **Signature:**  **Date:** |