Welcome (PLEASE COMPLETE IN BLOCK CAPITALS)

 *(Please tick* ✓ *the programme(s) you would like to register for)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Number/ Code | Category | Course Provider  | Course title  | Tick  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

About You

|  |  |
| --- | --- |
| First Name |  |
| Last Name |  |
| Name to appear on your certificate |  |
| Date of birth |  |
| Address |  |
| Postcode |  |
| Telephone number |  |
| Email address |  |
| Do you have a disability or other special need? If yes please specify – you will also have the opportunity to discuss this further with the course provider at a later date. |  |
| Have you now or in the past suffered from mental health issues? |  |

Gender. Are you?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Male |  | Female |  |  Transgender |  |
| Non- Binary  |  | Gender Neutral  |  | Other  |  |

Age. Are you?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 16-25 |  | 25-35 |  | 35-45 |  |
| 45-55 |  | 55-65 |  | 65-75 |  |
| Over 75  |   |

 Employment status. Please tick all that apply. Are you?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Employed Full Time  |  | Employed Part time  |  | Carer |  |
| College/University |  | Unemployed  |  | Self Employed |  |
| Running a CIC/Charity |  | Running a business |  | Volunteering  |  |
| Do you have access to a laptop or computer with wifi connection in your home? | Yes/No |  | Yes/No |
|  |  |
| Do you have access to a SMART phone with wifi connection in your home? |  | Do you have a space in your home where you can be undisturbed for a maximum of 2 hours whilst taking part in the course you have chosen? |  |
| Do you have a SMART TV/computer or laptop, where you can access YouTube and or Mirrorscreening ? |  | Do you have an email address where if necessary, we can send you information and documents to help you with your course? |  |
| Are you confident in using Zoom or Google Meets to access courses and workshops?(if no are you happy to attend a 1 hour workshop that will teach you the basics?) |  | Are you confident in using a laptop or computer? |  |

How did you hear about Community Leadership Programme Online. Was it?

|  |  |  |  |
| --- | --- | --- | --- |
| By word of mouth  |  | On the RBKC website |  |
| Through social media  |  | Through an RBKC publication  |  |
| Other |  | If other Please state how  |  |

How long have you lived in Kensington and Chelsea? Is it

|  |  |  |  |
| --- | --- | --- | --- |
| Less then a year |  | A year to 5 years  |  |
| More then 5 years  |  | More then 10 years  |  |

Qualifications: Do you have?

|  |  |  |  |
| --- | --- | --- | --- |
| No qualifications  |  | Level 2 (GCSEs) |  |
| Level 3 (A level) |  | Level 4 (Degree) |  |
| Level 5 (Post Graduate)  |  | Other Qualifications |  |

|  |  |
| --- | --- |
| If other please state  |  |

Please state Your Ethnicity

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | White British | 8 | Any Other Black Background | 15 | Asian/Asian British Indian |
|  | White Irish | 9 | Mixed- White & Asian | 16 | Asian/Asian British Pakistani |
|  | Gypsy or Irish Traveller  | 10 | Chinese  | 17 | Any other Asian |
|  | Any Other White | 11 | Mixed- White & Black African | 18 | Any other ethnic group |
|  | Black/Black British African | 12 | Mixed- White/ Black Caribbean | 19 | Prefer not to state  |
|  | Black British | 13 | Any other Mixed Background |  |  |
|  | Black/Black British Caribbean | 14 | Asian/Asian British Bangladeshi |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| GDPR DATA PROTECTION 2018 STATEMENT PLEASE READ AND TICK BELOW TO SIGNIFY YOUR CONSENT*We*  take your privacy seriously and will only use information gathered in relation to our programmes that meets the specific responsibilities as set out in General Data Protection Regulations 2018. However, from time to time we would like to contact you with details of events, workshops and other information regarding our services. If you consent to us contacting you for these purposes please tick to say how you would like us to contact youEmail Phone Text Via An App We will store your information on our data base for a maximum of 18 months unless re-registering. We will pass your details onto Community Leadership Programme Online providers for the purposes of registration, monitoring and reporting. If you consent to us passing on your details for this purpose please tick to confirm you will need to amend this to make sense to your organization I AGREE I DO NOT AGREE

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  Signed  |  | Print Name |  | Date |  |

 |
|  |