

ISLE OF WIGHT COUNCIL



REGISTRATION FORM

If you have any difficulty in filling in this form, please ask a youth worker to help you.

Your Name

Date of Birth

Age

Are you?

Male
 Female

Asian or Asian British <input type="checkbox"/> Asian British <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Other Asian Background Please specify.....	Dual Heritage <input type="checkbox"/> White and Asian <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> Other Dual Background Please specify.....
Black or Black British <input type="checkbox"/> African <input type="checkbox"/> Black British <input type="checkbox"/> Caribbean <input type="checkbox"/> Other Black Background Please specify.....	White <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Other White Background Please specify.....
Chinese <input type="checkbox"/> Chinese	Other <input type="checkbox"/> Other Ethnic Group Please specify.....
Prefer not to say <input type="checkbox"/>	

Your Address

Postcode

Home Tel No.

Mobile No.

Email Address

Emergency Contact

Name of Contact	
Telephone No.	
Mobile No.	

Would you describe yourself as having any disabilities? Yes No

If yes, how would you describe these? _____

- Are you?
- | | |
|--|--|
| <input type="checkbox"/> At College (Full Time) | <input type="checkbox"/> At College (Part Time) |
| <input type="checkbox"/> At School | <input type="checkbox"/> On a Training Scheme/New Deal |
| <input type="checkbox"/> At University (Full Time) | <input type="checkbox"/> At University (Part Time) |
| <input type="checkbox"/> Unemployed (Not Claiming) | <input type="checkbox"/> Unemployed (Claiming) |
| <input type="checkbox"/> Employed (Full Time) | <input type="checkbox"/> Employed (Part Time) |
| <input type="checkbox"/> Doing Voluntary Work | <input type="checkbox"/> Carer |
| <input type="checkbox"/> Home Maker | <input type="checkbox"/> Prefer Not to Say |

Name of School or
College

School
Year

Please tell us about
any medical conditions
you may have?

Some of this information may be kept on a computer database. From time to time we may send you information on things that might be of interest to you.

Please tick this box if you do not want to receive any information from us in the future
Please tick this box if you do not want to receive any text messages from us in the future

The information you have provided includes 'sensitive data' as defined under the Data Protection Act 1984.

Isle of Wight Council will use this information for the purpose of data monitoring, mailing lists and membership details.

Your Signature

Date _____