

Ventnor Youth Centre Registration Form

Your first nameSurname

Date of birth..... Are you Male Female

Your address

Town..... postcode

Your contact numberEmail address

*Emergency contact 1 namenumber

*Emergency contact 2 namenumber

What are your interests?

Please list any other clubs or activities you do:

.....

How would you describe yourself?

- Asian or Bangladeshi
Asian British Indian
 Pakistani
 Other Asian Background
Please specify:
Black or African
Black British Caribbean
 Other Black Background
Please specify:

Please Tick

- White British
 Irish
 Other White Background
Please specify:
Other Other Ethnic Group
Please specify:
 Prefer not to say

Education training or employment

Are you in education, training or employment – full time or part time – or not?
Please say what and where, thanks.

.....

Do you have any medical conditions that it would be helpful for us to know about?

.....

Would you describe yourself as having any disabilities? Yes No

If yes, how would you describe these?

Do you have any learning difficulties? Yes No

If yes, how would you describe these?