



WEST BANN DEVELOPMENT



Youth Enrolment Form 2020

Please complete all sections using BLOCK Capitals.

Your Information:

West Bann Development collects personal information when you register for a place on our courses and activities. All information is treated as strictly confidential. You may refrain from answering any questions you do not wish to. From time to time we use the data collected to improve our services. For more details on how we use your information please see our privacy policy.

CHILD 1 - DETAILS

Forenames: _____ Surname: _____ Gender : Male Female

Address:	PERCEIVED RELIGIOUS AFFILIATION	ETHNIC ORIGIN
Postcode:		
Date of Birth:		

Does your child have any dietary requirements? _____

Does your child have any Allergies or Medical Problems? (Please Specify) _____

Are you happy for your child to be given a snack whilst in our care? If not, what do you prefer your child to have at break time? Yes No

Does your child have any Special Needs? (Please Specify) _____

In the event of an accident would you be happy to allow trained staff to administer first aid? Yes No

GP Name _____ GP Phone Number _____

CHILD 2 - DETAILS

Forenames: _____ Surname: _____ Gender : Male Female

Address:	PERCEIVED RELIGIOUS AFFILIATION	ETHNIC ORIGIN
Postcode:		
Date of Birth:		

Does your child have any dietary requirements? _____

Does your child have any Allergies or Medical Problems? (Please Specify) _____

Are you happy for your child to be given a snack whilst in our care? If not what do you prefer your child to have at break time? Yes No

Does your child have any Special Needs? (Please Specify) _____

In the event of an accident would you be happy to allow trained staff to administer first aid? Yes No

GP Name _____ GP Phone Number _____

PARENT/GUARDIAN DETAILS

Title: _____ Forenames: _____ Surname: _____

Date of Birth: _____ Gender: Male Female Relationship to Child: _____

Age: 16-20 21-30 31-40 41-50 51-60 61-65 66+

Address:	_____	Telephone Numbers: Home: _____

Postcode:	_____	E-mail Address: _____

Employment Status Self Employed
 Employed—Small Company (Less than 250 Employees)
 Employed—Large Company (More than 250 Employees)
 Full Time Education
 School Leaver

Preferred Language
 English
 Other (Please Specify) _____

End of session arrangements: Young people will not be permitted to leave the session until it is complete. All parents/guardians are responsible for the safe return home of their child at the close of the session.

Please tick as appropriate:

Walk home only Pick up only Both

DISABILITY Do you consider yourself to be Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	COMMUNITY BACKGROUND <input type="checkbox"/> Member of Protestant Community <input type="checkbox"/> Member of Roman Catholic Community <input type="checkbox"/> Other: _____	MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married/Co-habiting <input type="checkbox"/> Separated/Divorced <input type="checkbox"/> Widowed	ETHNIC ORIGIN <input type="checkbox"/> White <input type="checkbox"/> Traveller <input type="checkbox"/> Chinese <input type="checkbox"/> Black/African Caribbean <input type="checkbox"/> Indian <input type="checkbox"/> Mixed Ethnic Group <input type="checkbox"/> Pakistani <input type="checkbox"/> Other: _____ <input type="checkbox"/> Asian _____	DEPENDANTS Number of Dependant Children: _____ Number of Dependant Adults: _____
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OTHER PARENT/GUARDIAN DETAILS

Title: _____ Forenames: _____ Surname: _____

Date of Birth: _____ Gender: Male Female Relationship to Child: _____

Age: 16-20 21-30 31-40 41-50 51-60 61-65 66+

Address:	_____	Telephone Numbers: Home: _____

Postcode:	_____	E-mail Address: _____

Employment Status Self Employed
 Employed—Small Company (Less than 250 Employees)
 Employed—Large Company (More than 250 Employees)
 Full Time Education
 School Leaver

Preferred Language
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CONSENT TO USE PHOTOGRAPHIC CONTENT: From time to time videos taken of your child for press releases or promotional purposes. Please West Bann Development may wish to use photographs or tick to confirm if you give permission for these to be used Printed Material Social Media

HOW DID YOU HEAR ABOUT WEST BANN DEVELOPMENT ?

Coleraine Chronicle The Leader Coleraine Times Leaflets/Posters Internet Word of Mouth

Used us Before Referral (Please Specify): _____ Other (Please Specify): _____

Parent/Guardian Signature: _____

Date: _____

For Office Use Only

Date Received: _____ Amount Paid: _____

Cash Cheque Receipt No. _____

Received By: _____ Place Secured: _____