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**Register of Interest**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date |  | Date Received  (office use only) |  | Reference  (office use only) |  |

**Participant Information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name |  | Date of Birth |  | Age |  |
| Address |  | | | Gender |  |
| Email Address |  | Mobile Number |  | National Insurance |  |
| Emergency  Contact Person |  | Emergency Contact Details |  | | |
| Do you want to progress into: | *Please tick one or more boxes:*  □ Employment  □ Education  □ Training  □ Volunteering | Is English your first language? | | | □ Yes □ No |
| Do you have any difficulties with reading or writing? | | | □ Yes □ No |
| Are you an Asylum Seeker or Refugee? | | | □ Yes □ No |
| Do you have any special requirements i.e. accessibility?  *If so, please state:* | | | □ Yes □ No |

**Please return this form to:**BBO, Southern Brooks Community Partnerships, Coniston Community Centre, Coniston Road, Patchway, BS34 5JP