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**Register of Interest**

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| --- | --- | --- | --- | --- | --- |
| 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 |  |
| EmergencyContact 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