**Introduction to Youth Work course - Booking Form**

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| **Learner details** |
| Full legal name |  |
| Address |  |
| Phone |  |
| Email |  |

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| --- | --- |
| **Select preferred date and venue** | Please tick |
| Monday 3rd & 10th June 2024 – Creative Innovation Centre, Taunton |  |
| Wednesday 18th & 25th September 2024 - Victoria Park Community Centre, Bridgwater |  |
| Saturday 16th & 23rd November 2024 - Ridgway Hall, Langport |  |

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| **Organisation name, address, email and phone number for invoicing** |  |
| **Role held and brief overview of your experience of youth work** |  |

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| **MEDICAL & SUPPORT INFORMATION** |
| Do you have any health issues or allergies? If yes, please give details |  |
| Do you have a physical disability? If yes, please give details |  |
| Are you living with or recovering from mental health issues? If yes, please give details  |  |
| Do you have any additional support needs that you would like us to be aware of to enable us to support you during the course? If yes, please give details. |  |

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| **Please tick each box if you agree:**o I understand I have the right to ask to see information held about me by South Gloucestershire Playscheme. For further information about how South Gloucestershire Playscheme uses this information please contact us directly.o I confirm the details on this form are correct and I agree that the information can be used in accordance with South Gloucestershire Playscheme privacy statement. I will inform South Gloucestershire Playscheme of any changes to these details. **Signature:**   **Date:**  |