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| **FRESH FUTURES: REGISTRATION FORM** |
| **Programme**  | **Elevate Young Adults Service** |
| **Please tick**  | **Work Ready Programme** |  | **Elevate Group** |  |
| **Key worker name:** | **Jessica Taylor – 07849398761** | **Salman Daji – 07849398734**  |
| **Type of support being provided:**  | **2 Day Work Ready Programme****Followed by monthly workshops with 6 monthly one-to-ones for support, wellbeing sessions and work placement and volunteering opportunities** |
| **Address of where support is being provided:**  | **Brian Jackson House, 2 New North Parade, Huddersfield** |
| **Postcode of where support is being provided:** | **HD1 5JP** |
| **Start date:**  |  |
| **Participant Title:** | [ ]  Mr | [ ]  Mrs | [ ]  Miss | Ms [ ]   | [ ]  Mx |  [ ]  Other  |
| **Participant First Name(s):**  |  | **Surname:** |  |
| **What is your sex?** | [ ]  Male/Man [ ]  Female/Woman [ ] Non-binary [ ]  Prefer not to say |
| **Is the gender you identify with the same as your sex registered at birth?** | Yes [ ]  | No [ ] I self-identify as:------------------------------------------------------- | Prefer not to say [ ]  |
| **Participant address:** |  |
| **Postcode:** |  | **NHS Number:**  |  |
| **Phone number(s):**  |  |
| **Email address:** |  |
| **Date of Birth:** |  | **Age:**  |  |
| **How would you describe your ethnicity?** |
| [ ]  White – English/Welsh/Scottish/Northern Irish/ British[ ]  White - Irish [ ]  White - Other[ ]  White –Gypsy or Irish Traveller[ ]  White - Roma[ ]  Mixed/Multiple - White and Black Caribbean[ ]  Mixed/Multiple - White and Black African [ ]  Mixed/Multiple - White and Asian[ ]  Mixed/Multiple – any other Mixed or multiple ethnic background | [ ]  Asian/Asian British - Indian[ ]  Asian/Asian British - Pakistani[ ]  Asian/Asian British - Bangladeshi [ ]  Asian/Asian British – Chinese[ ]  Asian/Asian British – Other[ ]  Black/African/Caribbean/Black British – African[ ]  Black/African/Caribbean/Black British – Caribbean[ ]  Black/African/Caribbean/Black British - Other [ ]  Other Ethnic Group – Arab[ ]  Other Ethnic Group – Any Other[ ]  Decline / Prefer not to say |
| **Do you consider yourself to have a disability?**  |
| [ ]  Yes (please specify below) [ ]  No [ ]  Decline/Prefer not to say |
| [ ]  Autism Spectrum Disorder[ ]  Disability Affecting Mobility[ ]  Hearing Impairment [ ]  Emotional/Behavioural Difficulties | [ ]  Visual Impairment[ ]  Other Physical Disability[ ]  Mental Health Difficulty[ ]  Other Medical Difficulty | [ ]  Dyscalculia[ ]  Dyslexia[ ]  Other Learning Difficulty [ ]  Prefer not to say  |
| **Can you confirm you are currently economically inactive**  |
| ☐ Yes  |  |
| **Do you receive any UK State Benefit?** |
| ☐ Yes (Related to health issues.) | ☐ Yes (Related to caring issues.)[ ]  No (Non-claimant.) |
| If Yes, please list the benefits below: |
| If you do not claim benefits, do you want support from us to engage with the benefits system?[ ]  Yes [ ]  No [ ]  Prefer not to say |
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| **Please confirm that you have the right to live and work in the UK:**  |  [ ]  **Yes**[ ] **No**  |
| **Participant declaration:** |
| At the time of completion, the information I have provided is current and correct to the best of my knowledge. I understand that this programme will support me in improving my Life Skills |
| **Participant signature:**  |  |
| **Date:**  |  |

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| **Keyworker / Provider Declaration:**  |
| At the time of completion, I certify that the information given on this form is correct to the best of my knowledge.  |
| **Provider signature:** |  |
| **Individuals name:** |  |
| **Date:**  |  |

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| **Privacy notices and declarations**  |
| I confirm I have been issued with a Privacy Notice detailing how my information will be used and shared. It details how my information may be shared with third parties for education, training, employment, and well-being related purposes, including for research. This will only take place where the law allows it, and the sharing is in compliance with data protection legislation.  |

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| * I am aware that the programme I am enrolled on is funded by the UK Government Healthy Working Life programme.
* I confirm the information I have provided is correct to the best of my knowledge. Where I have answered ‘prefer not to say’ – I can confirm that I have been asked to answer the question(s) but do not wish to provide it.
* I have received sufficient information and guidance about the support/guidance/mentoring/course/event/activity I am going to do/receive and believe it is at the right level for me.
* I agree to enrol on the programme and agree to engage in the learning/activities/mentoring/recommendations/volunteering as detailed/advised as I progress through the programme.
* I understand my information will be used for statistical reporting purposes.
* I have shown evidence and ID documentation to the key worker where applicable.
* I agree to Kirklees Council processing personal data contained in this form or other data which may be obtained from me or the provider.
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| **Participant signature:**  |  |
| **Date:**  |  |