|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **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:** |  | | | | | | | | | | | | | | | | | | | |

|  |  |
| --- | --- |
| **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:** |  |

|  |
| --- |
| **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. |

|  |  |
| --- | --- |
| * 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. | |
| **Participant signature:** |  |
| **Date:** |  |