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 **Transitions Workshop Sign-Up Form (May 20)**

**Name of Workshop(s)………………………………………………………………………………….**

**Date(s)……………………………………………………………………………………………………**

|  |  |
| --- | --- |
| Your Name: By what name would you like to be known?  | Date of birth: Age:Gender: |
| Address:  | Phone:Email: |
| How would you prefer to be contacted? (Tick all that apply)Telephone **□** Text **□** Letter **□** Email **□** Other(please say how below) |

**We are funded to work with adults who are experiencing isolation, vulnerability and/or other disadvantage, and who have limited support networks. Therefore our workshops**

**are only open to those who meet our criteria. Please contact us if you are unsure whether you qualify (see end of form for contact details).**

Do any of the following apply to you currently or in the past 5 years?

**(Tick all that are appropriate)**

|  |  |
| --- | --- |
|  | Physical disability or long term physical health condition |
|  | Learning disability or neurological condition  |
|  | Mental health issues |
|  | Drug/alcohol issues |
|  | Offending or Antisocial Behaviour |
|  | Care leaver |
|  | Experienced domestic abuse |
|  | Other disadvantage (please explain) |

**What would you like to get out of the workshop(s)?**

**How did you hear about our workshops?**

**Please provide an emergency contact:**

Do you have any additional needs that we should take into account?

**(Please tick if yes, and provide a brief summary. We will contact you before the workshops to discuss your needs in more detail, in order to make reasonable adjustments where possible)**

|  |  |
| --- | --- |
|  | Access needs, eg wheelchair access, hearing loop, large print etc |
|  | Learning needs, eg. Dyslexia, learning or cognitive disability |
|  | Support needs, eg anxiety, managing anger, communication difficulties etc |
|  | Any other needs that might affect your or others’ participation in the workshop? (please explain) |

**DATA CONSENT**

I agree to Exeter Community Initiatives (ECI) recording, storing and processing information about me that is necessary for me to participate in its workshops. I understand that this information will be kept only for as long as necessary and that consent can be withdrawn at any time by writing to the Chief Executive at the postal or email addresses below.

Signed (Applicant)….......................………………………………………………. Date ………………………

**MEDIA CONSENT**

ECI (Transitions) likes to publicise its work through photographs, video recordings, voice recordings and use of details of people’s personal stories & how they may have benefited from the work of ECI’s project/s that could be used in leaflets, displays, social media, newsletters or on the websites. We want to make sure that people are comfortable with this, so please can you tick the appropriate box below.

I understand that NO PERSONAL INFORMATION such as names or addresses will be used in any publication unless express permission is given.

I understand that my consent can be withdrawn at any time by writing to the Chief Executive of ECI at the postal or email address below.

I understand that this consent is only valid for 2 years from the date of my signature.

□ I am happy with having my photograph/video/voice/story taken and used to promote ECI and its projects.

□ I **do not** want to have my photograph/video/voice/story taken

Signed ……………………………………………………………………………… Date ……………………………

**Email completed form to:** **transitions@eci.org.uk**

**or send to: Transitions, Exeter Community Initiatives, Colab, 3 King William St, Exeter EX4 6PD**

**For enquiries, call 01392 284280**