



# **Croydon Youth Service**

## **Registration Form**

### **Why a Registration Form?**

**Croydon Council wishes to ensure that its Youth Service improves the way that it meets the needs of young people across the Borough. It wants to develop and improve its Youth Service for the future.**

**In order to do this we need some information from you. The information requested in this Registration Form will be confidential to the staff of the Youth Service. We will not share or sell your personal information to commercial companies or other bodies or organisations.**

**Some of the information will be used to ensure that your local youth centre or youth project provides learning opportunities and support to help you to grow and develop. The factual pieces of information such as age, gender and ethnicity etc. will be used to compile statistics that we can use to monitor the Service and plan for the future.**

**Croydon Youth Service, Suffolk House 1<sup>st</sup> Floor College Road Croydon  
CR0 1PE**

**Tel: 020 8760 5598**

**June 2009**

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# Registration Form

Date: ___/___/20___
Location _____

If you have already filled in one of these forms elsewhere you won't need to do so again, but please fill in your name and date of birth and where you previously registered.

Your Full Name:

Are you?  Male  Female

Date of Birth:

How would you describe yourself?	<input type="checkbox"/> Asian or Asian British <input type="checkbox"/> Black or Black British <input type="checkbox"/> Chinese <input type="checkbox"/> Dual Heritage <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to say	<input type="checkbox"/> Bangladeshi <input type="checkbox"/> Pakistani Please specify..... <input type="checkbox"/> African <input type="checkbox"/> Other Black Background <input type="checkbox"/> Chinese <input type="checkbox"/> White & Asian <input type="checkbox"/> White & Black African Please specify..... <input type="checkbox"/> British <input type="checkbox"/> Other White Background <input type="checkbox"/> Other Ethnic Group <input type="checkbox"/>	<input type="checkbox"/> Indian <input type="checkbox"/> Other Asian Background  <input type="checkbox"/> Caribbean Please specify.....  <input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> Other Dual Background  <input type="checkbox"/> Irish Please specify..... Please specify.....
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How would you describe your sexuality

Straight
  Lesbian
  Gay
  Bisexual
  Prefer not to say

Your address

Postcode

Home Telephone No

Mobile No.

Email Address

**Other information to help provide a better service**

**Are you?**

- At School
- At College
- Employed
- Unemployed

- On a Training Scheme/New Deal At
- Doing Voluntary Work
- Carer
- Looked after

**Name of School or College:**

**Emergency Contact**

**Name of Contact**

**Relationship**

**e.g. Parent/Guardian**

**Telephone No.**

**Mobile No.**


**Do you consider that you have learning difficulties?**

Yes

No

**Please tell us about any medical conditions you may have?**

**Would you describe yourself as having any disabilities?**

Yes

No

**If yes, how would you describe these?**

Some of this information may be kept on a computer database. From time to time we may send you information on things that might interest you.

Please tick this box  if you do not want to receive any information from us in the future.

Please tick this box  if you do not want to receive any text messages from us in the future.

Your signature

Parent/Guardian signature

Information supplied may be used for registered purposes under the terms of the Data Protection Act