



Please return forms to keziah@the-arthouse.org.uk or drop in to the Art House, Drury Lane, WF1 2TE

For more information call 01924 312000

|  |
| --- |
| **Name** |
|  |  |
| **Post code** *(This can be the first half only)* | **Date of Birth** |
|  |  |
| **Telephone** | **Emergency Contact** *(name and number)* |
|  |  |
| **Email** |  |
|  |  |

**Which workshop do you want to sign up for** *(please circle)*

**SoS Print Workshop** (Tuesdays) **Teen Print Workshop** (Wednesdays)

|  |  |
| --- | --- |
| **Ethnicity** | **Gender** |
|  |  |

**Migration status**

[ ]  British citizen

[ ]  Refugee

[ ]  Asylum seeker

[ ]  EU migrant

[ ]  Non-EU migrant

[ ]  Other

[ ]  Prefer not to say

**Ethnicity**

* White British
* White Irish
* Gypsy or Irish Traveller
* Any other White background
* Mixed / Multiple ethnic groups
* White and Black Caribbean
* White and Black African
* White and Asian
* Any other Mixed / Multiple ethnic background
* Asian / Asian British
* Indian
* Pakistani
* Bangladeshi
* Chinese
* Any other Asian background
* Black / African / Caribbean / Black British
* African
* Caribbean
* Any other Black / African / Caribbean background
* Other ethnic group
* Arab

**Do you have any access needs that we should be aware of?** *This could include medical conditions (including allergies), mobility issues or learning & behavioural needs:*

**Do you have any dietary requirements? (y/n)**

*We will be providing free refreshments and lunch. If the answer is yes, please provide more information in the box below*

**Data processing statement:**

* By signing below, I give my permission for The Arthouse to process the information that I have provided in this form and during the course of this project for the purposes of: communicating with me; delivering and promoting relevant activities; keeping written registers; providing appropriate support; contacting me in the event of an emergency.
* Your data will be stored securely and only be accessible to designated persons who need it for the purposes outlined above unless in the event of a safeguarding concern. Your access needs will be deleted / destroyed at the end of the project. We will keep your contact details on record for 5 years after your last engagement with us so that we are able to contact you about relevant activities. Please let us know if you would like to be removed from this list.

**Participant’s name**

**Participant’s signature**

**Date:**