

Introduction to Print

Please return forms to info@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

<input type="text"/>	<input type="text"/>
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Telephone

Emergency Contact *(name and number)*

<input type="text"/>	<input type="text"/>
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Email

There are a limited number of spaces on each workshop. Please make sure you are able to come to each date. If you are unable to attend a date let us know why:

- 17th September
- 24th September
- 1st October

- 8th October
- 15th October

Migration status

- | | | |
|--|---|--|
| <input type="checkbox"/> British citizen | <input type="checkbox"/> EU migrant | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Refugee | <input type="checkbox"/> Non-EU migrant | |
| <input type="checkbox"/> Asylum seeker | <input type="checkbox"/> Other | |

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: