



SUMMER SKILLZ BOOKING/CONSENT FORMS

Do you wish to access the off-site activity trip to Dare Valley Country Park, Aberdare to include a BBQ on Friday 30th July 2010? YES/NO

*Please note places are limited and priority will be given to early bookings

IMPORTANT – This form must be completed by the parent/guardian if the participant is less than 16 years of age and by the participant if s/he is over 16 years old.

| | |
|--|--|
| Full name & address of participant (Including post code) Telephone No: Email address: | |
| Date of Birth: Age: | |
| Contact name and address of next of kin if different to that above (Please include a contact telephone number) National Insurance No. | |
| Please provide details of any disabilities/support needs E.g – Diabetes, Asthma, Dyslexia etc. | |
| Date of last tetanus (If known) | |

I agree to the following terms and conditions as laid out by the Rhondda Fach Community Partnership (Please tick all that you consent to):

- I agree to being photographed for the purpose of publicity
- I agree to my information being shared with other partners of the Rhondda Fach Community Partnership and agencies such as Genesis/Job Centre Plus/Want to Work
- I hereby authorise staff present to consent to such medical treatment which, in the opinion of a qualified practitioner may be necessary during the course, activity or trip.
- I understand that during the off-site activity trip, I will be responsible/accountable to staff of the Community Partnership and therefore agree to abide by their terms and condition

Signed

Date

Monitoring Form

*All information given will only be used in line with the Data Protection Act 1984

The Rhondda Fach Community Partnership strives to operate a policy of equality and diversity and not discriminate against any person. The information you provide will be treated in the strictest confidence and is for monitoring purposes only.

Gender: Male Female

Age Group

| | | |
|--------------------------------|-------------------------------------|--------------------------------|
| <input type="checkbox"/> 14-19 | <input type="checkbox"/> 20-24 | <input type="checkbox"/> 25-29 |
| <input type="checkbox"/> 30-34 | <input type="checkbox"/> 35-39 | <input type="checkbox"/> 40-44 |
| <input type="checkbox"/> 45-49 | <input type="checkbox"/> 50-54 | <input type="checkbox"/> 55-59 |
| <input type="checkbox"/> 60-64 | <input type="checkbox"/> 65 or over | |

How did you find out about Summer Skillz?

Are you currently..... (please indicate by a tick in the appropriate box)

In school? Where?

School Leaver?

Student?

Unemployed? Under 12 months Over 12 months

Employed Full time Part time Employer

Ethnic Origin (please indicate by a tick in the appropriate box)

| | | |
|---|---|--|
| <p>White</p> <input type="checkbox"/> Welsh <input type="checkbox"/> British <input type="checkbox"/> Any other White background | <p>Mixed</p> <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Any other mixed background | <p>Black or Black British</p> <input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any other Black background |
| <p>Asian or Asian British</p> <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Any other Asian background | <p>Other Ethnic groups</p> <input type="checkbox"/> Chinese <input type="checkbox"/> Any other ethnic group | <p>Not Stated</p> <input type="checkbox"/> Not Stated <input type="checkbox"/> I do not wish to disclose my ethnic group |

Are you a lone parent? Yes/No Number of Dependants

Are you a Welsh Speaker? Fluent Basic No

Disability Discrimination Act 2005
 Definition of disability: a physical or mental impairment that has a substantial and long term effect on a person's ability to carry out normal day-to-day activities. Do you consider that you have a disability as defined under the Disability Discrimination Act 2005?

Yes No I do not wish to disclose whether or not I have a disability

If answering yes, please give details of your disability below:

*** Please provide a contact number/email address if you would like to be contacted in the future with further information on Training and Educational opportunities within the Rhondda Fach.**

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