

REGISTRATION FORM



Summer Uni

FIRST NAME: _____ SURNAME: _____

DATE OF BIRTH: ___/___/19___

HOME ADDRESS: _____

POST CODE: _____

TEL. NUMBER: 020 _____ MOBILE: _____

EMAIL ADDRESS: _____

EMERGENCY CONTACT NAME: _____ NUMBER: _____

ETHNIC ORIGIN:

| | | |
|--|--|--|
| Asian <input type="checkbox"/> | Black African <input type="checkbox"/> | White European <input type="checkbox"/> |
| Asian UK <input type="checkbox"/> | Black Other <input type="checkbox"/> | White Other <input type="checkbox"/> |
| Asian Other <input type="checkbox"/> | Chinese <input type="checkbox"/> | Don't wish to say <input type="checkbox"/> |
| Black UK <input type="checkbox"/> | Mixed Race <input type="checkbox"/> | Other – <i>please give details</i> |
| Black Caribbean <input type="checkbox"/> | White UK <input type="checkbox"/> | _____ |

| | COURSE | COURSE NUMBER | Please tick | COURSE DURATION | Please tick |
|----|-----------------|---------------|--------------------------|--------------------------|--------------------------|
| 1. | Future Families | CSU/DM/03 | <input type="checkbox"/> | 27th July – 7th Aug 2009 | <input type="checkbox"/> |

PUBLICITY CONSENT

Re: CSEP Events & Projects – Summer Uni Project

In our quest to strive for excellence, for our students, the family and the community, we are constantly promoting Croydon Supplementary Education Project. In order that we continue to increase our profile and maintain a high standard of service to all the users of the project we take photographs and sometimes film events in progress which is sometimes required as evidence for funders.

To this end, we participate in surveys, interviews and promotional material, about life within and outside the project.

We therefore seek your permission to include any participants on our Summer Uni Project in current and future events to:

A) Take a picture(s) of a group or individual while they learn; AND

B) Have your permission to display the photos at any event on the CSEP Website www.csep.org.uk or to be used as a result of press coverage for any event that we may be involved with.

----- Please tear along here -----

PUBLICITY CONSENT FORM

If you are under 16 please ask a parent or responsible adult to support your enrolment and consent to your attendance.

I do / do not (delete as appropriate) give permission to be photographed filmed or be included in Promotional and Educational research activities now or in the future.

Name: _____ D.O.B. ___/___/19___

Adult Name: _____

Name of Organisation (School / Community group/etc)

Signature: _____

Adult Signature: _____ Date: ___/___/2008

