**Employability Summer Workshop, 20 - 22 August 2018**

**Registration Form**

Please complete the registration form and return to [**businessunit@westminster.gov.uk**](businessunit@westminster.gov.uk)

**If you have any questions regarding the application, please contact Eileen Gallagher at email** [**e.gallagher@westminster.gov.uk**](mailto:e.gallagher@westminster.gov.uk)

**Section 1 – About you**

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| --- | --- |
| **First name**: Click or tap here to enter text. | **Surname:** Click or tap here to enter text. |
| **Age:** Click or tap here to enter text. years | **Year group:** Click or tap here to enter text. |
| **Email:** Click or tap here to enter text. | **Mobile:** Click or tap here to enter text. |
| **Other contact number**: Click or tap here to enter text. | |
| **School/college attending:** Click or tap here to enter text. | |
| **What is your gender**: Choose an item. | |

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| **What is your ethnicity?** | | | | |
| Albanian | Chinese | Other Asian | White and Asian | |
| Arab | Gypsy/Roma | Other Black | White and Black African | |
| Bangladeshi | Indian | Other Mixed | White and Black | |
| Black African | Iranian | Other White | Caribbean | |
| Black British | Iraqi | Pakistani | White European | |
| Black Caribbean | Kosovan | White British | Traveller | |
| Black Congolese | Kurdish | White Irish | Other Click or tap here to enter text. | |
| Black Nigerian | Latin | American | No Info | |
| Black Somali | Moroccan | Turkish | Prefer Not to Say | |
| I consider myself to have a disability\* | Choose an item. | *\*as defined under the Equality Act 2010 – you are disabled under the Equality Act 2010 if you have a physical or mental impairment that has a ‘substantial’ and ‘long-term’ negative effect on your ability to do normal daily activities.* | | |
| **What do ‘substantial’ and ‘long-term’ mean?**  **‘Substantial’** is more than minor or trivial, e.g. it takes much longer than it usually would to complete a daily task like getting dressed, reading or writing. **‘Long-term’** means 12 months or more, e.g. a breathing condition that develops as a result of a lung infection | | | | |
| Do you have any special dietary requirements we need to be aware of: | | | | Choose an item. |
| *If you have replied* ***yes*** *please explain:* | | | | |

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| What do you hope to gain from these workshops? *you can choose more than one option* | |
| To help plan my life | To increase my knowledge |
| To meet new people | To find out what opportunities are available |
| To increase my confidence | To broaden my horizons |
| To challenge myself | To find out about career opportunities |
| To learn new skills | It will look good on my CV |
| To do something positive | To explore different career paths |
| To understand my strengths  & weaknesses | Other |

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| **Emergency Contact**  *In the event of an emergency please contact:* |
| **Name**: Click or tap here to enter text. |
| **Relationship to you:** Click or tap here to enter text. |
| **Mobile/telephone number:** Click or tap here to enter text. |

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| Consent of parent or guardian (for young people under 18 years of age) | |
| I agree to my son/daughter/ward participating in the Summer Employability Workshop  **Please Note:**  GDPR Notice: When signing up to the programme, please note that Westminster City Council will capture some personal details. We will use this information to keep in touch with you and to improve the quality of the programme. These details will be kept for a two-year period and will not be shared with parties outside of the Business & Enterprise Team.  I agree to allow photographs and video images of my son / daughter /ward to be used solely for the purpose of positively promoting Westminster Council’s programmes and services. I understand that any photos may be used in internally produced literature, displays, the council’s website or in local, regional or national media. I reserve the right to instruct Westminster Council to cease using the photos at any time.  Please provide permission by indicating Yes or No; Choose an item. | |
| Signature of Parent/Guardian: | |
| Name: | Date: |

**We look forward to meeting you on the 20 August!**

Once completed please return to [**businessunit@westminster.gov.uk**](businessunit@westminster.gov.uk)