**Attendee Booking Form**

Thank you for registering your interest in the WMTY: Introduction to Person-Centred Approaches course. To help with monitoring equality we ask you to complete the following booking form. Please download and return this to esme.harvard@nhs.net one week prior to your preferred workshop date.

**The Date and Time of the workshop I would like to attend:**

|  |  |
| --- | --- |
| First Name | Click or tap here to enter text. |
| Surname | Click or tap here to enter text. |
| Email | Click or tap here to enter text. |
| Job Title + Role Description | Click or tap here to enter text. |
| Organisation | Sheffield CCG [ ] Primary Care [ ] Sheffield City Council [ ] Sheffield Children’s [ ]  | Sheffield Health & Social Care [ ] Sheffield Teaching Hospital [ ] VCFS [ ] Other [ ]  |
| Further details (e.g. other, team or area) | Click or tap here to enter text. |
| Line Manager Details | Name Click or tap here to enter text.Email Click or tap here to enter text. |
| Full or Part Time | Full Time [ ]  | Part Time [ ]  |
| Type of Contract | Permanent [ ]  | Temporary [ ]  |
| Age | 20 and under [ ] 21 to 25 [ ] 26 to 30 [ ] 31 to 35 [ ]  | 36 to 40 [ ] 41 to 45 [ ] 46 to 50 [ ] 51 to 55 [ ]  | 56 to 60 [ ] 61 to 65 [ ] 66 to 70 [ ] 71 and over [ ]  |
| Do you consider yourself to be: | White British [ ] White Irish [ ] Other White [ ] White and Black Caribbean [ ] White and Black African [ ] White and Asian [ ] Other Mixed [ ] Indian [ ] British Indian [ ]  | Pakistani [ ] Bangladeshi [ ] Other Asian [ ] Black Caribbean [ ] Black African [ ] Other Black [ ] Chinese [ ] Any other [ ] Prefer not to say [ ]  |
| Do you consider yourself to be  | Male [ ]  | Female [ ]  |  | Prefer not to say [ ]  |
| Prefer to self-describe: Click here to enter text. |
| Gender reassignment | Transitioned/undergone [ ] Transitioning/undergoing [ ] Not undergoing or considering [ ]  | Considering [ ] Prefer not to say [ ]  |
| Do you consider yourself to be | Bisexual [ ] Heterosexual [ ]  |  | Gay or Lesbian [ ] Prefer not to say [ ]  |
| Prefer to self-describe: Click or tap here to enter text. |  |
| Religion or belief system | Baha’I [ ] Buddhist [ ] Christian [ ] Hindu [ ] Other Click here to enter text. | Jain [ ] Jewish [ ] Muslim [ ] Pagan ☐ | Sikh [ ] Zoroastrian [ ] No religion [ ] Prefer not to say ☐ |
| Do you consider yourself to have a disability | Yes [ ]  |  | No [ ]  |  | Prefer not to say [ ]  |
| If yes please give details: Click here to enter text.(including any support you would like) |
| Are you a carer | Yes [ ]  | No [ ]   | Prefer not to say [ ]  |
| Technical requirements | Please confirm you have access to a laptop or tablet with webcam and microphone capabilities to allow yourself to take part effectively in remotely. |
| Yes [ ]  | No [ ]  |  |
| If no please give details: Click or tap here to enter text. |
| Consent*(completing this section will be taken as your eSignature)* | I have confirmed my attendance to this course with my line manager [ ] I consent for the information on this form to be recorded to facilitate equality and diversity reviews [ ] I consent for future contact to track impacts from this programme [ ] I consent to sharing my email with other partners of the workshop and attendees on the workshop [ ]  |