**Attendee Booking Form**

Congratulations on being selected to participate in the Leading Sheffield training and workshop programme. For equality monitoring purposes and to help with any reasonable adjustments to adapting the delivery of this programme remotely we ask that you complete the following booking form. Please return this to acp.sheffield@nhs.net before the beginning of the programme to confirm your place.

|  |  |
| --- | --- |
| First Name | Click here to enter text. |
| Surname | Click here to enter text. |
| Email | Click here to enter text. |
| Job Title | Click here to enter text. |
| Organisation | CCG [ ] Primary Care [ ] SCC [ ] Sheffield Children’s [ ]  | SHSC [ ] STH [ ] VCFS [ ]  Other [ ]  |
| Further details (e.g. other, team or area) | Click here to enter text. |
| Line Manager Details | Name Click here to enter text.Email Click here to enter text. |
| Full or Part Time | Full Time [ ]  | Part Time [ ]  |
| Type of Contract | Permanent [ ]  | Temporary [ ]  |
| Neighbourhood attached to*(if unsure which neighbourhood you are attached to please look at the map or GP list* [*here*](https://www.sheffieldccg.nhs.uk/our-projects/neighbourhoods.htm)*)* | City Centre Practices [ ] Heely Plus [ ] Network North [ ] Peak Edge [ ] SAPA5 [ ] Townships I [ ] Universities [ ] West 5 [ ] No neighbourhood/city wide [ ]  | GPA1 [ ] Hillsborough [ ] North 2 [ ] Porter Valley [ ] Severn Hills [ ] Townships [ ] Upper Don [ ] Hospital Based [ ]  |
| 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 [ ] Prefer not to say [ ]  | Pakistani [ ] Bangladeshi [ ] Other Asian [ ] Black Caribbean [ ] Black African [ ] Other Black [ ] Chinese [ ] Any other [ ]  |
| 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 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 here to enter text. |
| Consent*(completing this section will be taken as your eSignature)* | 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 attendees on the programme [ ] I consent to some sessions being recorded during the programme and this being used on the ACP Website under learning materials [ ] I consent to having my picture taken during the programme and this being used on the ACP website or Twitter [ ]  |