**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](mailto: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 | | | | | | | | | | | | | | | | | |