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| **PARTICIPANT REGISTRATION FORM**  **Island House MSG Projects**    **Please make sure you complete all details (ONLY OPEN TO LBTH RESIDENTS)** | | |
| **Name**: | **Project Details:** | | |
| **Address:** | If you are interested in any of our employment preparation or pre-employment courses, please let us know: | | |
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|  | Are you currently unemployed?  Yes:  No: | | |
| **Post code:** | **WHICH PROJECT ACTIVITIES ARE YOU INTERESTED IN?** **Please tick all that apply …** | | |
| **Ward Area : Please Circle**  **Blackwall & Cubitt Canary Wharf Island Gardens** | 1. **HEALTH & WELLBEING (H&W):** | | |
| 1.1 Health Awareness Workshops | |  |
| **Phone number:** | 1.2 Community Choir /singing | |  |
| 1.3 Active lives -Various Fitness Classes | |  |
| **Mobile number:** | 1.4 Pre- & Post–natal Exercise Classes | |  |
| 1.5 Over 50s Craft Club | |  |
| **Email address:** | 1.6 Over 50s Lunch club | |  |
| 1.7 Walking groups | |  |
| **Ethnicity: Age:** | 1.8 Coaching /Training | |  |
| 1. **Adult Basic skills Learning & Education (A.B.L.E.):** | | |
| **Gender:** Male / Female | 2.1 ESOL Family Learning | |  |
| **Please state any access /dietary needs or any other** | 2.2 ESOL Life Skills | |  |
| **requirements when accessing our project?** | 2.3 SPEC Conversation Classes | |  |
|  | 2.4 Employment Job Skills workshop | |  |
|  | 2.5 C.V. Writing workshop | |  |
|  | 2.6 On-line training | |  |
|  | 2.7 Money Management workshop | |  |
| **Volunteering (please state your interests)** | 2.8 Benefit advice / energy advice | |  |
|  | 2.9 Interview techniques | |  |
|  | 2.10 Sign posting for advice | |  |
|  | 1. **Youth ~ 8-19 yrs.** **(YOU Project):** | | |
|  | 3.1 Estate-based Sports  3.2 | |  |
|  | 3.2 Street Dance | |  |
|  | 3.3 Scouting / Explorers | |  |



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| ***These projects are being funded by LBTH Mainstream Grants.***  **Photographs & Digital Media Permission**: From time to time, for monitoring and publicity purposes, we are required to evidence our project work using photographs or other digital media. Do you have any objection to us using photographs with your image?  **I DO** give permission for you to use my image:  or  **I DO NOT** give permission for you to use my image:  *Please note:* Images will only be used by Island House on our own website, flyers or other project publicity, or in monitoring reports to LBTH Mainstream Grants; they will always be age-appropriate and never shared with third parties. Any inappropriate, embarrassing or compromising images will be immediately deleted and never used.  ------------------------------------------------------------------------------------------------------------------------------------------------------------  Have you completed an LBTH Equalities Monitoring Form yet? Yes  No  If “No”, please request one from the Project Leader and return to Island House. | | |
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| Participant declaration:  Information collected on this enrolment form regarding your progression through any part of this programme will be collected and provided to Island House and LBTH as part of monitoring requirements.  **Declaration:** I have read and wish to take part in the services offered by Island House and agree to any conditions indicated by the project staff and tutors.  I declare that the details given on this form are true to the best of my knowledge.  ***Consent under General Data Protection Regulation***  *I understand that my personal details will remain confidential to Island House. Such information will not be passed onto anyone else (except as required by operation of law, statute or court order) without your permission. I understand that I can ask to see information held about me at any time. Island House will only hold your information for as long as is required by law and to provide you with the necessary services you have signed up for. For more details about our privacy policy, please refer to*[*https://www.island-house.org/about-us/management-accounts/privacy-policy/*](https://www.island-house.org/about-us/management-accounts/privacy-policy/)  *I consent to the use of my personal information as explained in our privacy policy.* | | |
| **Client Signature: ……………………………………** | | **Date: ……………………………………….** |
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| *For Island House project staff across all project sites:*  *Please ensure that all sections of this form, and an LBTH Equalities Monitoring Form, are completed in full.*  *By signing off this form below, I confirm that:*   * *The participant is a resident of LBTH and meets all eligibility criteria.* * *All Island House Polices & Procedures will be adhered to, (including Safeguarding, H&S and Equalities).* * *All forms containing personal information will be stored away securely;* * *Personal information will be respected and remain confidential;* * *Risk assessment will be carried out for all activities on and off-site;* * *Safeguarding procedures will apply wherever relevant* | | |
|  | | |
| ***Staff Name…………………………………*** |  | |
| ***Staff Signature ……………………………*** | ***Project Code: ……………………………………………………***  ***Date: ……………………………………………………………….*** | |
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