

Organisation:

Course Name:

Start Date:

Enrolment Form 2011/12

Course No:

Adult Learner Details - Family Learning One Day Activities

Please complete all sections on both sides of the form

1. First Name:

2. Surname:

3. Telephone:

4. Address:

5. Gender:

Female

Male

6. Date of Birth:

/

/

Post code: _____

It is important that we know your age so that we can ensure our courses and services are reaching all age groups.

7. Please tick one box which you feel best describes your Ethnic Origin:

The following information will help us to ensure that our courses and services are reaching all groups in the community.

English/Welsh/Scottish/Northern Irish/British

Indian

Irish

Pakistani

Gypsy or Irish Traveller

Bangladeshi

Any Other White background

Chinese

White Black Caribbean

Any Other Asian background

White Black African

African

White Asian

Caribbean

Any Other Mixed background

Any Other Black background

Arab

Any Other Ethnic Group

PLEASE TURN OVER AND CONTINUE ON THE OTHER SIDE... 

