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**Registration Form**

**FOOD ACADEMY**

**160 Pitfield Way, Stonebridge, London, NW10 0PW**

**www.sufra-nwlondon.org.uk**

**Registered Charity No. 1151911**

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| Child/Young Person’s Details |
| First name: | Surname: |
| Address: |  |
|  | Postcode: |
| Date of birth: | Gender: |
| Telephone number: | E-mail address:  |
| Emergency Contact Details (if under 16 years)  |
| Name: | Relationship: |
| Telephone number: | E-mail address:  |
| Name: | Relationship: |
| Telephone number: | E-mail address:  |
| Child/Young Person’s Ethnicity |
| White British | [ ]  | Asian – Bangladeshi  | [ ]  |
| White Irish | [ ]  | Other Asian Background\* | [ ]  |
| White Other | [ ]  | Chinese  | [ ]  |
| Black Caribbean or British Caribbean | [ ]  | Mixed – White and Black Caribbean | [ ]  |
| Black African or British African | [ ]  | Mixed – White and Black African | [ ]  |
| Other Black background\* | [ ]  | Mixed – White and Asian | [ ]  |
| Asian – Indian  | [ ]  | Other Mixed Background\* | [ ]  |
| Asian – Pakistani  | [ ]  | Other Ethnic Background\* | [ ]  |
|  \*if other, please indicate |  |  |  |
| Child/Young Person’s Faith |
| Christianity | [ ]  | Buddhism | [ ]  |
| Judaism | [ ]  | Hinduism | [ ]  |
| Islam | [ ]  | Sikhism | [ ]  |
| No religion | [ ]  | Other:  | [ ]  |
| Child/Young Person’s Medical Conditions & Dietary Preferences |
| Do you suffer from any medical conditions/disability? Yes [ ]  No [ ]  |
| Do you have any dietary preferences? Yes [ ]  No [ ]  |
| If yes to EITHER question above, please provide more details so that we can make reasonable adjustments:  |
| How did you hear about us? |
| Sufra E-Mail/Mailing List | [ ]  | School | [ ]  |
| Family/Friend | [ ]  | Local Organisation/Charity | [ ]  |
| If other, please provide more details: |
| Declaration |
| 1. I agree to pay a **£10 deposit** to confirm registration which will be returned at the end of the course. Your place on the course will NOT be confirmed until receipt of payment.
2. I understand that my child is expected to attend ALL sessions of the course in order for the deposit to be returned)
3. I give permission for Sufra NW London to take photographs during the course for publicity purposes and reporting to funders.
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| Payment Options: Cash payment submitted to a member of staff at the office.Cheque payable to “Sufra NW London” and posted to the office.Bank Transfer to Sufra NW London(Sort Code: 40-46-10 and Account Number 01537881 with Reference: FOODACAD)Credit Card payment via our website donation button |
| Parent/Guardian Signature:  | Date: |
| Payment Method: | Payment Date: |