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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 |
| 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. 1. I agree to my child taking part in the activities of the Academy.
2. 2. I agree to pay a **£10 deposit** to confirm registration, which will be returned at the end of the course. Your child’s place on the course will NOT be confirmed until receipt of payment.
3. 3. I confirm to the best of my knowledge that my son/daughter does not suffer from any medical condition other than those listed above.
4. [ ]  I give permission for Sufra NW London to take photographs during the course for publicity purposes and reporting to funders.
5. 5. I understand that Sufra NW London accept no responsibility for loss, damage or injury caused by or during attendance of organised activities except where such loss, damage or injury can be shown to result directly from the negligence of the Charity.
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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: |