

**Summer Academy**

**Registration Form**

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

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

**Registered Charity No. 1151911**

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| Personal Details |
| First Name: | Surname: |
| Address: |  |
|  | Postcode: |
| Date of Birth:  | Gender:  |
| Telephone Number: | E-mail Address:  |
| 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 |

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| Faith |
| Christianity | [ ]  | Buddhism | [ ]  |
| Judaism | [ ]  | Hinduism | [ ]  |
| Islam | [ ]  | Sikhism | [ ]  |
| No Religion | [ ]  | Other:  |  |
| Medical Conditions & Dietary Preferences |
| Do you suffer from any medical conditions? Yes [ ]  No [ ]  |
| Do you have any dietary preferences? Yes [ ]  No [ ]  |
| If yes to EITHER question above, please provide more details:  |
| Disability  |
| Do you consider yourself to be disabled? Yes [ ]  No [ ]  |
| If yes, please state below:  |
| Emergency Contact Details |
| Name: | Telephone: |
| Name: | Telephone: |
| Course Dates (choose your preferred date) |
| Monday 6 – Friday 10 August10:00am - 5:00pm | [ ]  | Monday 13 – Friday 17 August10:00am - 5:00pm | [ ]  |
| Please note: We may not be able to offer you your preferred course date |
| How did you hear about us? |
| Sufra E-Mail/Mailing List | [ ]  | Brent Council | [ ]  |
| Poster/Flyer | [ ]  | Local Organisation/Charity | [ ]  |
| Family/Friend | [ ]  | Other | [ ]  |
| If other, please provide more details: |
| Privacy Statement |
| We collect this information about you to maintain our records and carry out our organisations legitimate interest in conducting statistical research and monitoring of our services. Your data will be handled securely and by the upmost confidentiality by staff and volunteers. We will keep your data for a period of 7 years, where it will then be anonymised and archived. We never sell your personal details to third parties for the purpose of marketing. You have the right to portability, access, object to and erase the data we hold of you. If you have any questions with regard to our data handling or want to activate your data subject rights, please contact us at admin@sufra-nwlondon.org. You may also ask a member of staff to access our Data Protection Policy. |
| Refundable Deposit Payment Options |
| 1. Cash payment submitted to a member of staff at the office.
2. Cheque payable to “Sufra NW London” and posted to the office.
3. Bank Transfer to Sufra NW London(Sort Code: 40-46-10 and Account Number 01537881 with Reference: FOODACAD)
4. Credit Card payment via our website donation button
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| Declaration |
| 1. I agree to my child taking part in the activities of the Academy.
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. 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 consent to my son/daughter travelling by any form of public transport, minibus or motor vehicle driven by a club coach or any other parent attending, to any event in which the club is participating.
5. I give permission for Sufra NW London to take photographs during the course for publicity purposes and reporting to funders.
6. 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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| **If under the age of 16 years, a parent/guardian will need to sign on behalf of the participant.** |
| Signature: | Date: |
| [ ] I would like to be added to your mailing list to receive information and updates relating to our services via email (you may unsubscribe at any time). |
| Payment Method: | Payment Date: |