

A-Z programme  
(18 September 2017 – 8 December 2017)

Date completed: \_\_\_\_\_

Course 1 \_\_\_\_\_ Start Date \_\_\_\_\_

Course 2 \_\_\_\_\_ Start Date \_\_\_\_\_

Course 3 \_\_\_\_\_ Start Date \_\_\_\_\_

Forename: \_\_\_\_\_

Surname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Post Code: \_\_\_\_\_

Email: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Mobile Telephone: \_\_\_\_\_

How would you prefer to be contacted? ☐ Phone ☐ Email

☐ Text ☐ Post

Gender: ☐ Male ☐ Female ☐ Not specified

☐ Please indicate if you are currently an Independence Trust client

Do you currently have a support worker? \_\_\_\_\_

How did you hear about this course? \_\_\_\_\_

☐ Ex-Service Personnel

### Is there anything that may impact on your attendance?

Do you have any medical information we should know about?

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Who should we contact in an emergency?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Do you have any specific learning needs we should know about? e.g. autism, learning disability

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Anything else you would like us to be aware of?

- Please give the completed form back to a member of staff or Peer Volunteer.
- Alternatively, post to **Independence Trust, 1 Mill Place, Bristol Road, Gloucester, GL1 5SQ.**
- Confirmation of your place will be made via your preferred method of contact.

***You must commit to the full course and if the course is paid for in advance refunds will not be available.***

***Please note that you are asked to make a contribution of £2.00 per day toward tea / coffee / juice.***

***Please see individual items for charges for each session.***