

ENROLMENT FORM

Level 2 Award in Youth work Practice

Overview	
Please complete the information below to help us process your application. With your permission, Romsey Mill will use and store the information you provide for the duration of your learning journey and in line with General Data Protection Regulations (see below). This information will be shared with the awarding body, NOCN, for certification purposes and the National Youth Agency (NYA) Academy who are subsidising the course. All organisations will treat the information provided by you as private and confidential. Anonymised information relating to age, gender, disability/additional needs and ethnicity may be used for reporting purposes only.	
Personal details	
Full name:	
Date of birth:	Gender:
Address:	Postcode:
Home number:	Mobile number:
Email:	
Unique Learner Number (if known):	
Ethnicity (please tick the appropriate box)	
Which of the numbers below best describes your ethnicity/background:	
1. White - English/Welsh/Scottish/Northern Irish/British 2. White - Irish 3. White - Gypsy or Irish Traveller 4. White - Any other please describe: 5. Mixed/Multiple ethnic groups - White and Black Caribbean 6. Mixed/Multiple ethnic groups - White and Black African 7. Mixed/Multiple ethnic groups - White and Asian 8. Mixed/Multiple ethnic groups - Other (please describe) 9. Asian/Asian British – Indian	10. Asian/Asian British - Pakistani 11. Asian/Asian British - Bangladeshi 12. Asian/Asian British - Chinese 13. Asian/Asian British - Any other please describe: 14. Black/ African/Caribbean/Black British - African 15. Black/ African/Caribbean/Black British - Caribbean 16. Black/ African/Caribbean/Black British - Other (please describe) 17. Other ethnic group - Arab 18. Other ethnic group -)please describe)
Medical details & disabilities (please tick the appropriate box)	
<input type="checkbox"/> Asthma	<input type="checkbox"/> Epilepsy
<input type="checkbox"/> Allergies (please specify below)	<input type="checkbox"/> Other (please specify below)
Extra information on medical conditions:	
Do you consider yourself to have a disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say
Emergency contacts	
Emergency contact name:	
Emergency contact number:	
Relation:	
Consent	
I give my permission to be photographed and/or filmed whilst taking part in Romsey Mill activities:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Should the need arise, I agree to me receiving emergency medical treatment, including anaesthetic, considered necessary by medical authorities present:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Youth work experience/background	

Do you currently have any youth work qualifications?						<input type="checkbox"/> Yes <input type="checkbox"/> No	
Please list any youth work qualifications:							
Please tick all of the below that apply to your current youth work practice:							
Sector:	<input type="checkbox"/> Local Authority	<input type="checkbox"/> Voluntary	<input type="checkbox"/> Sports	<input type="checkbox"/> Creative	<input type="checkbox"/> Housing assoc.	<input type="checkbox"/> Other	
Type:	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	<input type="checkbox"/> Paid	<input type="checkbox"/> Voluntary	<input type="checkbox"/> Student	<input type="checkbox"/> Other	
Setting:	<input type="checkbox"/> Universal	<input type="checkbox"/> Targeted	<input type="checkbox"/> Detached	<input type="checkbox"/> Other (please specify):			
Placement details							
Organisation/project name:							
Location:							
How many hours of contact do you have with young people per week?							
Supervisor details							
Full name:							
Contact number:							
Email:							
Payment							
<input type="checkbox"/>	I enclose a cheque (payable to "Romsey Mill Trust") for £150/£50* *concessionary rate for RM volunteers						
<input type="checkbox"/>	I have paid/will pay via bank transfer (reference "Youth work Qualification") using the details below and from account name:						
<input type="checkbox"/>	I am eligible for a free place (Romsey Mill staff and young leaders)						
Acc. name: Romsey Mill Trust Acc. no: 54728487 Sort code: 60-04-41 Bank: National Westminster Bank, 35-37 Fitzroy Street, Cambridge, CB1 1EU <input type="checkbox"/>							
Declaration							
I certify that the information given on this form is accurate.							
Signed:							
Name:				Date:			
<p>Data Privacy Notice: Romsey Mill is committed to compliance with the General Data Protection Regulation (GDPR), which came into force on 25th May 2018. The personal details which you provide about yourself and which we store may be used for: Contacting the relevant family member/emergency contact about things which take place during the time you are with Romsey Mill (i.e. to contact them in the event of an emergency); ensuring your safety and wellbeing during the time with us; informing you of issues relating to our work in general; providing statistics to funders and statutory bodies. We will share your information with the awarding body for registration and certification purposes and with NYA academy who are subsidising this course. However, we will not disclose any of the personal information you provide to any other third party unless we are legally required to do so. We are legally obliged, upon request, to provide you with all the information we hold about you. You are entitled to request further information from us on how we use and store data about you and you can withdraw your consent for us to hold this information at any time.</p>							