



## Registration Form

### Personal Information

(Please fill in the information or circle where appropriate).

<b>Title</b>	Mr / Mrs / Miss / Ms / Other (please state)
<b>Surname</b>	
<b>Forename(s)</b>	
<b>Address</b>	
<b>Postcode</b>	
<b>Telephone (home)</b>	
<b>Telephone (mobile)</b>	
<b>Email address</b>	

**Gender** (Please circle where appropriate)

Male

Female

**Date of birth**

\_\_\_ / \_\_\_ / \_\_\_

**Ethnic Origin** (Please circle where appropriate)

**White**

British

Irish

Any other White background

**Mixed**

White and Black Caribbean

White and Black African

White and Asian

Any other mixed background

**Black or Black British**

Caribbean

African

Any other Black background

**Asian or Asian British**

Indian

Pakistani

Bangladeshi

Any other Asian background

**Other ethnic groups**

Chinese

Any other ethnic group

**Not stated**

Not stated

I do not wish to disclose my ethnic group

**Do you consider yourself to have a disability?** (Please circle where appropriate)

Yes

No

If yes, please give details of the disability below.

**Please read the following statements and indicate yes or no by circling the appropriate answer.**

Please keep me informed of other Community Food Project events.

Yes

No

I give my permission for any photographs taken of me to be used in future promotional literature.

Yes

No

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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**FOR STAFF USE ONLY**

		<b>Date</b>	<b>Signed</b>
Membership number			
Membership card given	Y / N		
Details entered on database	Y / N		
Email added to contacts list	Y / N		