**

**Maths N Kitchen Registration Form**

Hello registrant, kindly complete this registration form and hand it over to the officer. All data is treated confidentially and is secured according to The Data Protection Act 1998.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1.** | **Surname** | **First Name** | | | | | | **Gender *(Tick as appropriate)*** | | | |
| Female | Male | | |
| **2.** | Address |  | | | | | | | Post Code | | |
|  | | |
| **3.** | Email: | | | | | | | Age | Educational Level | | |
| Mobile Number |  | | | | | |
| House Number |  | | | | | |
| **4.** | Emergency Contact Person Name | |  | | | | | Mobile Number | | | |
| **5.** | Status  (*Tick as*  *appropriate*) | Married | | Divorced | | Single | | Others - state | | | |
| **6.** | How did you hear about us? | | Flyer | | CVS/Council | | | Word of Mouth | Google | | Others |
| **7.** | Signature and Date | | | | | | | Any special needs? | | | |
|  | Receiving Officer | | | | | | | | | | |
| **8.** | Received by | Date received | | | | | Comment | | | Signature | |

*Working in partnership with Thurrock Adult Community College, GraysFountain Day Centre: Fountain House, Arcany Road, RM 15 5SX. Thurrock*