**

**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.

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| **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*