

Hounslow Youth Service

Membership Form

Centre / Project:

Name:

Telephone (Home):

Address:

Mobile:

Post Code:

Email:

Age:

Date of Birth:

Gender:

Ethnicity Code:

Disability: Yes / No, Please specify nature of disability:

Who do we contact in an emergency?

Name:

Name:

Number:

Number:

Mobile:

Mobile:

Relationship:

Relationship:

Do you have any allergies?

Do you have a medical condition that we need to be aware off and/or are you on any medication? Yes / No

Medical condition:

Medication:

Are you at School / College (which one)

Are you working or unemployed?

What are your interests?

How did you hear about us?

I am happy for the Youth Service to hold the above information about me for the purposes of the work of the work of the Hounslow Youth Service.

This information will only be available to authorised persons.

Signed:

Date:

Equalities information form:

Ethnicity:

Our ethnic background describes how we think of ourselves. This may be based on many things including, for example your skin colour, language, culture, ancestry or family history, Ethnic background is not the same as nationality or country of birth.

Please study the list below and tick one box only to indicate the ethnic background of the young person named above. This information will be collated and analysed to improve our work on planning services.

White	<ul style="list-style-type: none"> • British • English • Scottish • Welsh • Other White British 	Code	1A	<input type="checkbox"/>	Asian	<ul style="list-style-type: none"> • Indian • Pakistani • Bangladeshi • Sinhalese • Sri Lankan Tamil • Any other Asian Background 	Code	3A	<input type="checkbox"/>
					or			3B	<input type="checkbox"/>
					Asian			3C	<input type="checkbox"/>
					British				<input type="checkbox"/>
								3F	<input type="checkbox"/>
								3D	<input type="checkbox"/>
	<ul style="list-style-type: none"> • Irish • Traveller of Irish heritage • Gypsy / Roma • Any other White background 	Code	1B	<input type="checkbox"/>					
			1F	<input type="checkbox"/>					
			1X	<input type="checkbox"/>	Black	<ul style="list-style-type: none"> • Black Caribbean • Black Nigerian • Black Ghanaian • Black Somali • Black African • Any other Black background 	Code	4A	<input type="checkbox"/>
			1C	<input type="checkbox"/>	or				<input type="checkbox"/>
	<ul style="list-style-type: none"> • Albanian • Bosnian/Herzegovinian • Croatian • Kosovan • Serbian • Turkish/Turkish Cypriot 	Code	1H	<input type="checkbox"/>	Black			6A	<input type="checkbox"/>
			1J	<input type="checkbox"/>	British			4B	<input type="checkbox"/>
			1K	<input type="checkbox"/>				4C	<input type="checkbox"/>
			1T	<input type="checkbox"/>					
			1S	<input type="checkbox"/>					
			1D	<input type="checkbox"/>					
Mixed / Dual Heritage	<ul style="list-style-type: none"> • White and Black Caribbean • White and Black African • White and Asian • Any other mixed background 	Code	2A	<input type="checkbox"/>	Chinese or any other Ethic Group	<ul style="list-style-type: none"> • Chinese • Afghanistani • Arab other • Filipino • Iranian • Iraqi • Kurdish • Lebanese 	Code	5A	<input type="checkbox"/>
			2B	<input type="checkbox"/>				6C	<input type="checkbox"/>
			2C	<input type="checkbox"/>				5D	<input type="checkbox"/>
			2D	<input type="checkbox"/>					<input type="checkbox"/>
								5C	<input type="checkbox"/>
									<input type="checkbox"/>
								Any other not already specified.	<input type="checkbox"/>
					Not stated				

Language(s): Language(s) spoken at home other than English _____

Religion: None Muslim

Christian Sikh

Buddhist Jewish

Hindu Any other (Please specify) _____
