

Regional Safeguarding and Protecting Children

Attendee Application Form

Core Information

Have you attended a British Rowing Workshop before? Yes No* (delete as necessary)

Please complete all sections in BLOCK CAPITALS.

* indicates mandatory information

Surname*		Title*	
First name*		Known as name	
Gender*	Female Male	Date of Birth*	
Full Postal Address*			
Postcode*			
Home Telephone No.*		Work Telephone No.	
Mobile*		Fax	
E-mail*			
British Rowing Member	Yes No* delete as necessary	Membership Number	
Delete as Necessary	Coach (Qualified/Non-qualified)/Parent/Participant(Junior/Senior)*		

Workshop Details

Workshop dates*		Workshop fee attached*	£
Workshop name*		Workshop venue *	

If you are attending Time to Listen, please provide the date on which you completed the Safeguarding and Protecting Children workshop*. Date: * (a pre-requisite workshop for Time to Listen)

Signature:

Date

Special Requirements

Do you have any medical conditions, impairments, disabilities or learning difficulties of which the Workshop Organiser or Tutor should be aware?*		Yes / No*
If yes, give brief details:		
If YES, do you require any additional support/special arrangements to take part and complete the workshop?		Yes / No
If YES, contact the Workshop Organiser before the closing date.		

Ethnicity Details *

I would describe my ethnic origin as:

White British		White Irish		White European	
White Non-European		Mixed White and Black Caribbean		Mixed White and Black African	
Mixed White and Asian		Other Mixed Background		Indian	
Asian British Indian		Pakistani		Asian British Pakistani	
Bangladeshi		Asian British Bangladeshi		Other Asian	
Black Caribbean		Black African		Black British	
Other Black		Chinese		Other	
				Prefer not to say	