

Engage For Change



Understanding the Health and Social Care Environment (UHSCE)

Course Registration Form

Contact Details

Name

Home address

Postcode

Email

Preferred phone contact number

Best time to contact you on this number

Alternative phone number

Equality Monitoring

Gender | Male | Female | Other | Date of birth / /

Do you consider yourself to have a disability? | Yes | No |

Please give more details if you would like to

Which ethnic group you belong to?

- | | | |
|-------------------------------------|---|--|
| White British <input type="radio"/> | Asian Indian <input type="radio"/> | Black Caribbean <input type="radio"/> |
| White Irish <input type="radio"/> | Asian Bangladeshi <input type="radio"/> | Black African <input type="radio"/> |
| White Other <input type="radio"/> | Asian Pakistani <input type="radio"/> | Black Other <input type="radio"/> |
| Chinese <input type="radio"/> | Asian Other <input type="radio"/> | Gypsy, Traveller or Roma <input type="radio"/> |
| Any Other <input type="radio"/> | | |

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Work / Volunteering Details

Name of the organisation you work or volunteer for most relevant to this training

Position

Length of time in position

Are you involved in supporting NHS England's work? | Yes | No |

If yes, please describe how:

Course Access

Do you have access to a computer with internet? | Yes | No |

Are you computer literate? | Yes | No |

Do you have any special access needs in order to complete the course?
(Please give details)

What do you hope to gain from studying the course?

Please return completed forms by email to: alice.williams2@nhs.net

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