

Training 2011-12

Your details

First Name		Surname	
Address			
		Postcode	
Phone number		Mobile Number	
Email address		Date of Birth	

How did you hear about our training courses?

What courses would you like to do? (tick all you are interested in)

<input type="checkbox"/> Repair, Don't Despair: fix your furniture	<input type="checkbox"/> Make a Toy/Storage Box	<input type="checkbox"/> Decorate your Toy/Storage Box	<input type="checkbox"/> First Aid at Work
<input type="checkbox"/> Knob-painting: simply transform furniture	<input type="checkbox"/> Furniture Restoration: Stage one tools, joints	<input type="checkbox"/> Furniture Restoration: restore natural beauty	<input type="checkbox"/> Health & Safety at Work
<input type="checkbox"/> Wall art: paint effects on canvas	<input type="checkbox"/> Funky Furniture: Stage one paint effects	<input type="checkbox"/> Funky Furniture: revitalise with paint	<input type="checkbox"/> First Aid in the Woods
<input type="checkbox"/> Fire Safety & extinguishers	<input type="checkbox"/> Paint effects: distressing and ageing		<input type="checkbox"/> Assertiveness: dealing with difficult people

Other:

What do you hope to learn from the course?

What would you like to progress to in the future?

Do you have any support needs?

Please tell us about any illness, disability or condition that we need to be aware of, and let us know what arrangements we can make to ensure you are comfortable

If you need to be accompanied by a carer or support worker:

Their name		Their phone number	
Will they stay with you for the duration of the training?			Yes / No

More about you

Please tick all of the following that apply to you:

<input type="checkbox"/> Unemployed	Receiving means-tested benefits: <input type="checkbox"/> Housing Benefit <input type="checkbox"/> Council Tax Benefit <input type="checkbox"/> Income Support <input type="checkbox"/> Job Seekers Allowance <input type="checkbox"/> ESA (WRAG group) <input type="checkbox"/> ESA	<input type="checkbox"/> Employed <input type="checkbox"/> Low waged <input type="checkbox"/> Receiving Working Tax Credits	<input type="checkbox"/> Not unemployed or receiving any benefits
<input type="checkbox"/> Registered disabled & or receiving DLA	<input type="checkbox"/> Physical disability	<input type="checkbox"/> Learning disability	<input type="checkbox"/> Dyslexia
<input type="checkbox"/> Carer	<input type="checkbox"/> Depression	<input type="checkbox"/> Other mental illness	<input type="checkbox"/> Homeless / insecure housing
<input type="checkbox"/> Female	<input type="checkbox"/> Male	Your Ethnicity:	

All information is collected for HFS internal use and monitoring reports for funding bodies only. It is held securely and personal information is treated in the strictest confidence.

Please return this form to: Training & Support Manager HFS Hastings 6-10 Dorset Place Hastings TN34 1LG