

INITIAL CONTACT FORM 2024/25

CONTACT DETAILS IF DIFFERENT TO PARTICIPANT (E.G parent or guardian)	
Full name:	
Telephone number:	
Email:	
PARTICIPANT DETAILS (Trainee)	
Title:	
Forenames:	
Surname:	
Gender:	
Date of Birth:	
Address:	<div style="text-align: right; margin-top: 10px;">Post Code:</div>
Phone Number:	
Email Address:	
Ethnicity:	
EMPLOYMENT & EDUCATION	
Are you in paid work of any kind:	Y/N If yes please give details
Are you engaged in education or training:	Y/N If yes please give details
How long have you been unemployed/inactive?	
Highest level of education held:	
OTHER INFO	

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Are you currently homeless?	Yes, No, Prefer not to say
Do you live in a jobless household?	Yes, No, Prefer not to say
Do you have dependant children?	Yes, No, Prefer not to say
Are you an offender or ex-offender:	Yes, No, Prefer not to say
Do you consider yourself to have a long-term health condition or disability that limits your ability to do normal activities:	Yes, No, Prefer not to say
Do you consider yourself to have a work limiting health condition:	Yes, No, Prefer not to say
PARTICIPANT LEARNING RECORD	
What course are you interested in?	BTEC Performing Arts BTEC Land-based studies
What attracted you to our project?	<ul style="list-style-type: none"> ○ Gain accredited qualification ○ Learn new skills ○ Help get a job ○ Gain Confidence ○ Make Friends ○ If other please specify _____
How did you hear about our project?	
What are your future aims?	
Do you need any particular assistance whilst you are on the project?	
What do you hope to achieve/see yourself doing following this support?	

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Do you have any work experience? Did you enjoy it?	
Is there any other information you would like to share with us?	
PARTICIPANT DECLARATION	
<p>By signing I confirm that the information provided in this form is, to the best of my knowledge accurate. I acknowledge that the details provided on this form will be stored securely in accordance with current data Protection Legislation and the General Data Protection Regulations (GDPR) and that these details will be used to evaluate the project and will be seen by relevant delivery staff. Circo Kernow actively fundraise to support this training programme to help those out of full time work & education. Swamp Circus Trust runs as a not for profit charity.</p> <p>Photos and videos: Do you give consent for you or your child's photographs or videos throughout the workshops and events to be used in social media and marketing materials?</p> <p>Yes: <input type="checkbox"/> No: <input type="checkbox"/></p>	
Signature:	
Date:	

Office Use:	
Date received:	
Notes:	