

## Elisabeth Curtis Centre Participant Enquiry Form



Participant Details		
First Name:		Surname:
Preferred Pronouns:		Gender:
Date of Birth:	Weight: (in kgs or stones):	Height: (in cms or feet/inches):
Disability:		How does condition affect participant?
Contact Details		
Contact Name: (If different to participant):		Relationship to participant:
Home Telephone:	Mobile Number:	Email address:
Participant Address:		Contact Address: (if different to participant):
Participant Postcode:		Contact Postcode: (if different to participant):
Preferred Sessions (In School Hours - Mon, Tue, Wed, Thurs. Out of School - Tues, Sat)		
1 <sup>st</sup> Choice:		2 <sup>nd</sup> Choice:
Person completing this form		
Name:		Date:

Once complete please email to [newparticipants@elisabethcurtiscentre.co.uk](mailto:newparticipants@elisabethcurtiscentre.co.uk) or send to Elisabeth Curtis Centre, Chestnut Avenue, Bromham, MK43 8HP. FAO: Charlotte Dunham, New Participant Coordinator.

To be completed by the Waiting List Coordinator	
Date added to system:	Date initial contact made: