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

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

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| **To be completed by the Waiting List Coordinator** |
| **Date added to system:**Click or tap here to enter text. | **Date initial contact made:**Click or tap here to enter text. |