

Jam Around the Table 2024 Young Persons Registration Form



Parent/Carer please complete the following information on behalf of your young person wishing to take part.

Full name of young person			
House number/name and street:		Town:	
City:		Postcode:	
Tel no.: Mobile No.:			
E-mail:		Would you be happy to receive information on The Music House	
		Yes No	
		The best way to do this:	
		<input type="checkbox"/> Telephone <input type="checkbox"/> Email <input type="checkbox"/> Post	
Date of Birth:	Age:		
Please provide the name and telephone number of someone who can be contacted in an			
Where did you hear about the Project:			

About you

Gender:

- Male
- Female
- Other
- Transgender
- Prefer not to say

Sexual Orientation:

- Heterosexual
- Gay man
- Lesbian/Gay woman
- Other
- Bisexual
- Prefer not to say

Religion/Belief:

- Buddhist
- Hindu
- Muslim
- Christian
- Jewish
- Sikh
- No Religion
- No Belief
- Other
- Prefer not to say

Education/Training Status:

- Full Education/Training
- Part-time Education/Training
- Looking for education/training
- Not currently in Education/Training
- Prefer not to say

Do you consider yourself to have a disability or long-term health issue?

Yes No Prefer not to say

If you have answered yes to the above, please provide further information and any medical assistance you may need in the section below:



White

- White – British
- White – English
- White – Irish
- White – Northern Irish
- White – Scottish
- White – Welsh
- White – other **Please describe below:**

Black or Black British

- Black - African
- Black - Caribbean
- Black - British
- Black – other **Please describe below:**

Asian or Asian British

- Asian – Bangladeshi
- Asian – Chinese
- Asian – Indian
- Asian – Kashmiri
- Asian – Pakistani
- Asian – Other **Please describe below:**

Other ethnic groups

- Arab
- Gypsy or Traveller
- Roma
- Any other background **Please describe below:**

Mixed/multiple ethnic group

- White and Asian
- White and Black African
- White and Black Caribbean
- Any other mixed/multiple ethnic group

Vulnerable Groups

- Carer
- Refugee & Asylum seekers
- Other vulnerable group
- Prefer not to say

Please describe below:

NHS Accessibility Questions

- 1. Do you require help or support with communication? Yes No
- 2. Do you require a specific contact method? Yes No
- 3. Do you require specific information format? Yes No
- 4. Do you require a communication professional? Yes No

Parent/Carer name and signature to provide consent:

Parent/Care Name:

Signed: Date:

Thank you for your assistance.

Any queries regarding this form, or the use of your image should be addressed to Nekela.musichouseleeds@gmail.com or 0113 2431605 or in writing to

Music House, 1 St Marks Avenue, Leeds, LS2 9BN