



Blackpool Council

BUILDING A BETTER COMMUNITY FOR ALL

Children & Young People's Department
Pupil Support Division
Youth Service

REGISTRATION FORM
THE DUKE OF EDINBURGH'S AWARD

Centre/Project:

The Duke of Edinburgh's Award	Date:	/ /200
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Your Name:

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Your Age:

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Date of Birth:

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Are you? Male Female

Your Address:

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Postcode:

--

Home Telephone:

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Mobile Tel No:

--

E-mail Address:

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Emergency Contact Details

Name of Contact:

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Telephone No:

--

Mobile Tel No:

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How would you describe yourself?

Asian or Asian British	<input type="checkbox"/> Bangladeshi
	<input type="checkbox"/> Indian
	<input type="checkbox"/> Pakistani
	<input type="checkbox"/> Other Asian Background
<i>If other, please specify:</i>	_____
Black or Black British	<input type="checkbox"/> African
	<input type="checkbox"/> Caribbean
	<input type="checkbox"/> Other Black Background
<i>If other, please specify:</i>	_____
Chinese	<input type="checkbox"/> Chinese
Dual Heritage	<input type="checkbox"/> White and Asian
	<input type="checkbox"/> White and Black African
	<input type="checkbox"/> White and Black Caribbean
	<input type="checkbox"/> Other Dual Background
<i>If other, please specify:</i>	_____
White	<input type="checkbox"/> British
	<input type="checkbox"/> Irish
	<input type="checkbox"/> Other White Background
<i>If other, please specify:</i>	_____
Other Ethnic Group	<input type="checkbox"/>
<i>Please specify:</i>	_____
Prefer Not to Say	<input type="checkbox"/>

Would you describe yourself as having any disabilities? Yes No

If yes, how would you describe these?

Are you?

- | | |
|--|--|
| <input type="checkbox"/> At College (Full Time) | <input type="checkbox"/> At College (Part Time) |
| <input type="checkbox"/> At School | <input type="checkbox"/> On a Training Scheme/New Deal |
| <input type="checkbox"/> At University (Full Time) | <input type="checkbox"/> At University (Part Time) |
| <input type="checkbox"/> Unemployed (Not Claiming) | <input type="checkbox"/> Unemployed (Claiming) |
| <input type="checkbox"/> Employed (Full Time) | <input type="checkbox"/> Employed (Part Time) |
| <input type="checkbox"/> Doing Voluntary Work | <input type="checkbox"/> Carer |
| <input type="checkbox"/> Home Maker | <input type="checkbox"/> Prefer not to Say |

Tell us what school you attend

Please tell us about any medical conditions you may have.

Do you consider that you have learning difficulties? Yes No

I wish to be enrolled for the Duke of Edinburgh's Award at **Bronze / Silver / Gold Level**
(Please delete as appropriate)

Bronze and Silver Record Book Pack: £11:00 Gold Record Book Pack: £15.75

Name of Award Unit you wish to join: 177 Blackpool Airport SQN ATC

Name of Unit Leader: Flt Lt A Nickson

I enclose payment for the Record Book Pack (RBP) of: £

(Cheques should be made payable to Blackpool Council)

Once completed please return this form to the squadron

Your Signature:

Some of this information will be kept on a computer database that will comply with data protection procedures. If you require any further information on this form please contact the Principal Youth Officer on 476575.

Book No:		Date:		Fee of:		Received:	
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Date of Completion: