**Catalyst Course**

**Registration Form**

**Dates of the course:**

Tues 17th Mar, Weds 18th Mar, Thurs 19th Mar, Weds 8th Apr, Thurs 9th Apr 2015

**You must attend all 5 days**

**ABOUT THE PERSON ATTENDING THE COURSE:**

Name: ............................................................................................................................

Address: .........................................................................................................................

Post Code: .........................................................................................................................

D.O.B:............................................................................................................................

Gender (Please delete as appropriate): **Male** / **Female** / **Prefer not to say**

Email address: ...............................................................................................................

Phone number:..............................................................................................................

Access / Dietary requirements:......................................................................................

Do you identify with a religion/faith background? If so, please state which.

.........................................................

Have you been involved in social action or volunteering before? Please describe in 50 words maximum.

.......................................................................................................................................

.......................................................................................................................................

.......................................................................................................................................

Where did you hear about this course? …………………………………………………

Is there anything else the course organisers need to be aware of? .............................

.......................................................................................................................................

.......................................................................................................................................

**EMERGENCY CONTACT DETAILS:**

Emergency Contact 1

Name:............................................................................................................................

Contact number:............................................................................................................

Relationship to you:.......................................................................................................

Emergency Contact 2

Name:............................................................................................................................

Contact number:............................................................................................................

Relationship to you:.......................................................................................................

Catalyst is a young adults leadership programme funded by Near Neighbours. We aim to provide a high quality experience which helps to increase your confidence, knowledge and future prospects. We expect all participants to be respectful of other religions/ beliefs and supportive of the spirit and letter of equalities legislation and practice. As part of Catalyst, you are expected to agree to becoming more active in the work of Near Neighbours and St Philip’s Centre through volunteering as and when opportunities arise. We will support and assist you with this. Your submission of this form indicates your agreement.

**Signed:**

**Date:**

**Any questions?**

Please contact Becky Brookman on beckyb@kingscentresouthall.org.uk or 07837 936 957 or 02085719877

Further programme details and other information will be emailed to you.

**Other information:**

Catalyst is being delivered as a partnership between St Philip’s Centre and the Kings Centre Southall