

Ref:



PLEASE RETURN FORM TO:

Gwyneth Davies,
Lisburne House, Pontrhydygroes,
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gwyneth@tircoed.org.uk



Engagement Gateway

ENROLMENT FORM			
Org Ref No.	906493	Org Name	Tir Coed
Contract Ref No.	EG/01/0099/0154	Date	

PARTICIPANT DETAILS							
PARTICIPANT TITLE (PLEASE CIRCLE ONE)	MR	MISS	MS	MRS	DR	Other:	ACTIVITY START DATE
PARTICIPANT NAME (IN CAPITALS IN FULL)						NI No.	
ADDRESS						DOB	
						TEL NO.	
						MOBILE NO.	
						EMAIL	
						GENDER (Please Circle)	MALE
COUNTY						POSTCODE	

ELIGIBILITY (Please tick ONE box only)			
Unemployed (e.g. in receipt JSA or under redundancy)	<input type="checkbox"/>	In College, training or work for less than 16 hours a week	<input type="checkbox"/>
Economically inactive (e.g. Not in receipt of JSA but maybe receiving Incapacity Benefit)	<input type="checkbox"/>		
No. of months Economically inactive or Unemployed	<input type="checkbox"/>	Not in Employment, Education or Training	<input type="checkbox"/>

PRIORITY CRITERIA (Please tick ALL applicable)			
Young people Not in Employment or Training (NEET) or those at risk of becoming NEET	<input type="checkbox"/>	Black, Asian and Minority Ethnic (BAME) people	<input type="checkbox"/>
Women	<input type="checkbox"/>	Older People (50+)	<input type="checkbox"/>
Lone Parents	<input type="checkbox"/>	Disabled	<input type="checkbox"/>
People with a work limiting health condition	<input type="checkbox"/>		<input type="checkbox"/>

WELSH LANGUAGE			
Preferred language for communication (Please circle one)	Welsh		English
Understand Welsh (Yes or No)	<input type="checkbox"/>	Read Welsh (Yes or No)	<input type="checkbox"/>
Speak Welsh (Yes or No)	<input type="checkbox"/>	Write Welsh (Yes or No)	<input type="checkbox"/>



Data Protection Act: Any information held by WCVA will be used solely for monitoring, evaluation and audit purposes by WCVA and its match funders or WCVA Independent Auditors, WEFO (Welsh European Funding Office), NAO (National Audit Office), European Commission or EC Auditors in accordance with the Data Protection Act.



ETHNICITY (Please tick ONE box only)					
White Welsh	<input type="checkbox"/>	Mixed - White and Asian	<input type="checkbox"/>	Asian or Asian British - Pakistani	<input type="checkbox"/>
White British	<input type="checkbox"/>	Mixed - Other	<input type="checkbox"/>	Asian or Asian British - Bangladeshi	<input type="checkbox"/>
White Irish	<input type="checkbox"/>	Black or Black British - African	<input type="checkbox"/>	Asian or Asian British - Other	<input type="checkbox"/>
White Other	<input type="checkbox"/>	Black or Black British - Caribbean	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Mixed - White and Black Caribbean	<input type="checkbox"/>	Black or Black British - Other	<input type="checkbox"/>	Other (Please state):	<input type="text"/>
Mixed - White and Black African	<input type="checkbox"/>	Asian or Asian British - Indian	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>

MIGRANT (Please tick ONE box only)					
Yes - EU	<input type="checkbox"/>	Yes - Non-EU	<input type="checkbox"/>	No	<input type="checkbox"/>

PREVIOUS QUALIFICATIONS (Please tick highest level achieved)							
BELOW NQF LEVEL 2	<input type="checkbox"/>	NQF LEVEL 2	<input type="checkbox"/>	NQF LEVEL 3	<input type="checkbox"/>	NQF 4-6	<input type="checkbox"/>
NQF LEVEL 7 - 8	<input type="checkbox"/>	NONE	<input type="checkbox"/>	IF UNSURE, PLEASE STATE QUALIFICATION:	<input type="text"/>		

PERSON TO BE CONTACTED IN CASE OF EMERGENCY:
Name:
Relation to participant:
Phone number:
Mobile number:

HEALTH & SPECIAL NEEDS		
Are you in good health? (Yes or No)	<input type="checkbox"/>	<input type="checkbox"/>
If No, please give details of any condition / illness that might affect your participation in the activities (e.g. Asthma, Epilepsy, etc)		
Do you have any specific learning needs? (e.g. Dyslexia, dyspraxia)		
Do you have any dietary requirements or food allergies? (e.g. Vegetarian, vegan, nut allergy, etc)		

PERMISSIONS FOR UNDER 18s	
If you are under 18 years old and living with your parent/guardian, we need to have permission for you to attend these sessions:	
I am aged 16 or 17 and live independently	<input type="checkbox"/>
I am aged 16 or 17 years and live with my parent/guardian	<input type="checkbox"/>
Signature of Parent/Guardian: _____	Date: _____



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EQUIPMENT			
Do you have a pair of steel toe-capped boots to wear to the sessions? (Yes or No)		If No, give shoe size (boots will be provided following induction sessions)	
Do you have a set of waterproofs (coat & leggings) to wear to the sessions? (Yes or No)		If No, give body size (S, M, L, XL, XXL)	
As well as the above, you will need to bring: <ul style="list-style-type: none"> • Strong boots or trainers (for taster sessions only) • A spare set of clothes (for wet weather) • Old clothes and long trousers/jeans • A packed lunch 			

TRANSPORT	
Will you need assistance with travelling (Yes or No)	
If Yes, please detail the sort of help that you will need (e.g. bus fare, a lift, help towards fuel costs)	

CONTRACT	
Joining the Branching Out Programme means agreeing to the following contract: <ul style="list-style-type: none"> • To treat the Tutors, the Support Staff, everyone on the Programme and everyone on site with respect at all times; • To behave in a respectful manner with visitors to the site; • To follow all regulations to ensure the Health and Safety of everyone on site, including keeping to agreed smoking, drugs and alcohol policy; • To be open and honest with each other when working together. 	

PARTICIPANT DECLARATION		
<ul style="list-style-type: none"> ○ I confirm that I understand all of the above and agree to work in this way. ○ I give permission for my personal details to be passed to/recorded by WCVA/WEFO. Details sent to WEFO will be held securely by WEFO for the lifetime of the Programme and only used for research purposes. Following the end of the Programme lifetime these details will be destroyed. The information that I have given is correct to the best of my knowledge. I am also aware that this scheme is funded by the Welsh Assembly Government and European Structural Funds (European Social Fund) and managed by Wales Council for Voluntary Action (WCVA), the umbrella body for the third sector in Wales. ○ I give permission for photographs of me to be used for my OCN folder and for Tir Coed promotion and publicity purposes. 		
Name	Signature	Date

FOR OFFICE USE ONLY		
I confirm that the above named person will start on the Engagement Gateway scheme to help them achieve their identified outcomes. I confirm that the original enrolment form will be kept securely and will be available for inspection at the request of WCVA or other authorised body.		
Name	Signature	Date

GWIRFODDOLWYR Y MILENIWM



MILLENNIUM VOLUNTEERS



Comisiwn Coedwigaeth Cymru
Forestry Commission Wales



Llywodraeth Cynulliad Cymru
Welsh Assembly Government

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