

Booking/Monitoring Form

All personal information is confidential and only for the use of the Women's Centre. When signing you are giving your permission for the Women's Centre to keep your details on record. If you would like some help with filling out the form, you may ask any member of our team who will be only too pleased to assist you with this. Thank you.

Service/course		
Dates Time	From: From:	To: To:

Name		
Address		
Telephone		
Crèche requirement	Yes / no	How many spaces?
Any special requirements or needs?		
Would you like to receive information from the Women's Centre?	Yes	No

Signature		
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Date	Postcode	Date of birth

How did you hear about Derby Women's Centre?
(If it was your doctor or another organisation, please provide the name and postal address).

Please indicate your ethnic background

White	Black or Black British	Chinese or other ethnic group
British Irish Any other White background	Caribbean African Any other Black background	Chinese Any other ethnic group, please tell us here: _____
Dual Heritage	Asian or Asian British	
White & Black Caribbean White & Black African White & Asian Any other dual heritage background	Indian Pakistani Bangladeshi Any other Asian background	

How would you describe your status?

(e.g., employed, student, retired etc.)

Do you have any disabilities?

Yes

No

If yes, please tell us about this:

Would you consider yourself on a low income?

Yes

No

Are you in receipt of benefits?

Yes

No

All data collected is in keeping with the Data protection Act 1998 and is used for monitoring and funding for Derby Women's Centre only.
