**Welcome!**

This information will be treated as private and confidential.

We are delighted that you are interested in working with us. Let us know if you need a hand filling in this form and please remember to complete the Confidentiality Statement before you get this back to us. A Coach will be in touch with you within five working days of receiving this form.

Tell us about you

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| First Name: |  | | Surname: |  |
| Date of Birth: |  | | | |
| How would you like us to get in touch? (Please fill in the details for your preferred method) | | Telephone: | | |
| Email: | | |
| Other: | | |
| Emergency contact details: | |  | | |
| Current Location: | |  | | |

**Referrers Details (Please only complete if not a self-referral)**

|  |  |
| --- | --- |
| Please tell us which organisation you represent |  |
| Referral organisation type: |  |
| Contact: |  |
| Address: |  |
| Postcode |  |
| Telephone/ mobile number |  |
| Email |  |
| Any additional information relevant to this application: |  |

Equal Opportunities

We are committed to equality and promoting diversity. To make sure this happens we need to monitor diversity information. This helps us to see if we are working with everyone from our communities. By providing us with this information you are helping us to develop and improve our work.

This information is confidential, it does not affect our ability to work together and it will be used for review purposes only. **Please only answer the questions you feel comfortable with.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Age:** |  | | |
| **Gender:** |  | | |
| **Is your gender identity inconsistent with (different from) the sex you were assigned at birth?** | | Yes | No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sexuality/sexual orientation** | | |  | |
| **Ethnicity/race** |  | | **Religion/belief** |  |
| **Relationship status** | |  | | |
| **Please describe if you have any disabilities:** | | | | |