**Attendee Booking Form**

Thank you for your interest in taking part in the Introduction to Health Coaching and Person Centred Conversation virtual workshop. To help with monitoring equality we ask you to complete the following booking form.

**The date I would like to attend is:** Click here to enter text.

|  |  |
| --- | --- |
| First Name | Click here to enter text. |
| Surname | Click here to enter text. |
| Email | Click here to enter text. |
| Job Title + Role Description | Click here to enter text. |
| Organisation | CCG [ ] Primary Care [ ] SCC [ ] Sheffield Children’s [ ]  | SHSC [ ] STH [ ] VCFS [ ]  Other [ ]  |
| Further details (e.g. other, team or area) | Click here to enter text. |
| Line Manager Details | Name Click here to enter text.Email Click here to enter text. |
| Full or Part Time | Full Time [ ]  | Part Time [ ]  |
| Type of Contract | Permanent [ ]  | Temporary [ ]  |
| Age | 20 and under [ ] 21 to 25 [ ] 26 to 30 [ ] 31 to 35 [ ]  | 36 to 40 [ ] 41 to 45 [ ] 46 to 50 [ ] 51 to 55 [ ]  | 56 to 60 [ ] 61 to 65 [ ] 66 to 70 [ ] 71 and over [ ]  |
| Do you consider yourself to be: | White British [ ] White Irish [ ] Other White [ ] White and Black Caribbean [ ] White and Black African [ ] White and Asian [ ] Other Mixed [ ] Indian [ ] British Indian[ ]  | Pakistani [ ] Bangladeshi [ ] Other Asian [ ] Black Caribbean [ ] Black African [ ] Other Black [ ] Chinese [ ] Any other [ ] Prefer not to say [ ]  |
| Do you consider yourself to be  | Male [ ]  | Female [ ]  |  | Prefer not to say [ ]  |
| Prefer to self-describe: Click here to enter text. |
| Gender reassignment | Transitioned/undergone [ ] Transitioning/undergoing [ ] Not undergoing or considering [ ]  | Considering [ ] Prefer not to say [ ]  |
| Do you consider yourself to be | Bisexual [ ] Heterosexual [ ]  |  | Gay or Lesbian [ ] Prefer not to say [ ]  |
| Prefer to self-describe: Click here to enter text. |  |
| Religion or belief system | Baha’I [ ] Buddhist [ ] Christian [ ] Hindu [ ] Other Click here to enter text. | Jain [ ] Jewish [ ] Muslim [ ] Pagan [ ]  | Sikh [ ] Zoroastrian [ ] No religion [ ] Prefer not to say [ ]  |
| Do you consider yourself to have a disability | Yes [ ]  |  | No [ ]  |  | Prefer not to say [ ]  |
| If yes please give details: Click here to enter text.(including any support you would like) |
| Are you a carer | Yes [ ]  | No [ ]   | Prefer not to say [ ]  |
| Technical requirements | Please confirm you have access to a laptop or tablet with webcam and microphone capabilities to allow yourself to take part effectively in remotely. |
| Yes [ ]  | No [ ]  |  |
| If no please give details: Click here to enter text. |
| Consent*(completing this section will be taken as your eSignature)* | I have confirmed my attendance to this course with my line manager [ ] I consent for the information on this form to be recorded to facilitate equality and diversity reviews [ ] I consent for future contact to track impacts from this programme [ ] I consent to sharing my email with other partners of the workshop and attendees on the workshop [ ] I consent to the workshop being recorded for internal teaching and training purposes only[ ]  |