**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 | | | | | | | | | | | | | | | | | |