

Who do you think you are?

Discover Family History!

Family photos courtesy of Sammi Hide



Enrolment form: Discover Family History!

Please return your completed form by post (remember to enclose a cheque or card details) to Discover Family History! Eastbourne Library, Grove Road, Eastbourne, East Sussex, BN21 4TL or email the form to samantha.hide@eastsussex.gov.uk. You can also pay over the phone by calling 0345 60 80 195 and asking for Eastbourne Library

Personal details

Title: First name(s): Surname/family name:

Address:

Postcode:

Telephone (daytime): Telephone (evening): Mobile:

Date of birth: Nationality: County of birth:

Email:

Study details – please tick the answer which most applies

Are you proficient in the use of a PC and the internet? Yes No

How would you rate your skill level on a PC Poor Fair Good Excellent

How would you rate your skill level on the internet? Poor Fair Good Excellent

Payment – please tick the card type if appropriate

I enclose a cheque made payable to **East Sussex County Council**

OR please charge my Mastercard Visa Delta JCB Switch

Expiry date: Switch start date/Issue no: Security panel code:

Card number:

Name embossed on card:

Publicity - please tick the answer which most applies

To help us increase the effectiveness of our publicity, please tell us how you found out about this course:

- | | |
|---|--|
| Prospectus from a public venue (inc library) <input type="checkbox"/> | Press advertisement <input type="checkbox"/> |
| Prospectus or leaflet by mail <input type="checkbox"/> | Magazine article <input type="checkbox"/> |
| Advice from tutor <input type="checkbox"/> | County Council website <input type="checkbox"/> |
| Through a friend/colleague <input type="checkbox"/> | Search engine (eg Google) <input type="checkbox"/> |
| Through the website <input type="checkbox"/> | Through an education provider <input type="checkbox"/> |
| Other (please specify): | |

We'd like to keep you up to date with details of further courses by email. If you would like to receive information by email, please tick here . *We will not share or exchange your email address with any other organisation.*

Monitoring form

Disability, special needs or medical condition

We aim to create an environment which enables reasonable adjustments which may be necessary, please tick below to indicate your special needs:

- | | |
|---|---|
| None <input type="checkbox"/> | You have an autistic spectrum disorder <input type="checkbox"/> |
| You have a specified learning difficulty (for example, dyslexia) <input type="checkbox"/> | You have mental health difficulties <input type="checkbox"/> |
| You are deaf or hard of hearing <input type="checkbox"/> | You are blind or partially sighted <input type="checkbox"/> |
| | You need personal care support <input type="checkbox"/> |
| You have an unseen disability (for example, diabetes, epilepsy, asthma) <input type="checkbox"/> | |
| You use a wheelchair or have mobility difficulties <input type="checkbox"/> | |
| You have a disability, special needs or medical condition that is not listed above <input type="checkbox"/> | |

Please specify:

Ethnic origin

Please note that the information requested will be used for statistical purposes only, to enable us to monitor equal opportunity practices. Our equal opportunities policy is to ensure that all applications are treated equally regardless of race, sex, disability etc. Please tick the corresponding category which you consider best describes your ethnic origin. Please note that ethnic origin is not about nationality, place of birth or citizenship.

White British or White

- British
- Irish
- Scottish
- Irish Traveller
- Other White

British or Black

- Caribbean
- African
- Black – Other

Asian British or Asian Black

- Indian
- Pakastani
- Bangladeshi
- Chinese
- Other Asian

Mixed

- White and Black Caribbean
- White and Black African
- White and Asian
- Other mixed background
- Other ethnic background

Please read the statement below and sign and date the form to confirm you understand

I agree to the terms and conditions of enrolment: I understand the date on this form may be stored in electronic form in accordance with the requirements of the Data Protection Act. I understand that if there are not enough enrolments to make the course viable it may be cancelled.

Signed:

Date: