

## Digital Essentials For Carers Course Booking Form

Course Title(s):				Start Date(s):					
Course Location(s):				Day/Evening:					
Where did you find out about this course(s)?									
Title:		Forename:			Surname:				
Home Address:					Date of Birth: (DDMMYY)				
Postcode:					Country of Birth:				
					Nationality:				
Telephone (Home):				Telephone (Day):					
Mobile:				Email:					
Student Number <i>(current and past students - if known)</i>				SQA/Scottish Candidate Number <i>(if applicable)</i>					
<div style="border: 1px solid black; width: 100%; height: 1.2em; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 100%; height: 1.2em; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 100%; height: 1.2em; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 100%; height: 1.2em; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 100%; height: 1.2em; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 100%; height: 1.2em; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 100%; height: 1.2em; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 100%; height: 1.2em; margin-bottom: 2px;"></div>				<div style="border: 1px solid black; width: 100%; height: 1.2em; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 100%; height: 1.2em; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 100%; height: 1.2em; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 100%; height: 1.2em; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 100%; height: 1.2em; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 100%; height: 1.2em; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 100%; height: 1.2em; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 100%; height: 1.2em; margin-bottom: 2px;"></div>					
<p><b>To help us monitor the effectiveness of our equal opportunities policy, please indicate to which group you belong:</b> [Please tick (✓) one box]</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; padding: 2px;"> <input type="checkbox"/> (11) White British (inc. Wales &amp; NI)  <input type="checkbox"/> (12) White Irish (ROI)  <input type="checkbox"/> (13) White Scottish  <input type="checkbox"/> (17) White English  <input type="checkbox"/> (18) White Welsh  <input type="checkbox"/> (19) Other White  <input type="checkbox"/> (21) Black Caribbean/British Black Caribbean  <input type="checkbox"/> (22) Black African/British Black African  <input type="checkbox"/> (29) Other Black background  <input type="checkbox"/> (34) Chinese                 </td> <td style="width: 50%; vertical-align: top; padding: 2px;"> <input type="checkbox"/> (31) Asian or Asian British - Indian  <input type="checkbox"/> (32) Asian or Asian British - Pakistani  <input type="checkbox"/> (33) Asian or Asian British - Bangladeshi  <input type="checkbox"/> (41) Mixed - White &amp; Black Caribbean  <input type="checkbox"/> (42) Mixed - White &amp; Black African  <input type="checkbox"/> (43) Mixed - White &amp; Asian  <input type="checkbox"/> (39) Other Asian background  <input type="checkbox"/> (49) Other mixed background  <input type="checkbox"/> (80) Other ethnic background  <input type="checkbox"/> (98) Information refused  <input type="checkbox"/> (99) Information Not Known                 </td> </tr> </table>								<input type="checkbox"/> (11) White British (inc. Wales & NI) <input type="checkbox"/> (12) White Irish (ROI) <input type="checkbox"/> (13) White Scottish <input type="checkbox"/> (17) White English <input type="checkbox"/> (18) White Welsh <input type="checkbox"/> (19) Other White <input type="checkbox"/> (21) Black Caribbean/British Black Caribbean <input type="checkbox"/> (22) Black African/British Black African <input type="checkbox"/> (29) Other Black background <input type="checkbox"/> (34) Chinese	<input type="checkbox"/> (31) Asian or Asian British - Indian <input type="checkbox"/> (32) Asian or Asian British - Pakistani <input type="checkbox"/> (33) Asian or Asian British - Bangladeshi <input type="checkbox"/> (41) Mixed - White & Black Caribbean <input type="checkbox"/> (42) Mixed - White & Black African <input type="checkbox"/> (43) Mixed - White & Asian <input type="checkbox"/> (39) Other Asian background <input type="checkbox"/> (49) Other mixed background <input type="checkbox"/> (80) Other ethnic background <input type="checkbox"/> (98) Information refused <input type="checkbox"/> (99) Information Not Known
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<p><b>Disability/Health or Medical Condition</b> [Please tick (✓) relevant box(es)]</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; padding: 2px;"> <input type="checkbox"/> (A) No known disability  <input type="checkbox"/> (X) Dyslexia  <input type="checkbox"/> (C) Blind/Partially Sighted  <input type="checkbox"/> (D) Deaf/Hearing impairment  <input type="checkbox"/> (H) Wheelchair/Mobility  <input type="checkbox"/> (P) Personal Care Support  <input type="checkbox"/> (F) Mental Health                 </td> <td style="width: 50%; vertical-align: top; padding: 2px;"> <input type="checkbox"/> (E) Unseen disability (Diabetes/Asthma/Cancer etc.)  <input type="checkbox"/> (J) Multiple Disabilities  <input type="checkbox"/> (I) Disability not listed  <input type="checkbox"/> (G) Learning Difficulty  <input type="checkbox"/> (B) Autistic Spectrum Disorder  <input type="checkbox"/> (R) Information Refused                 </td> </tr> </table>								<input type="checkbox"/> (A) No known disability <input type="checkbox"/> (X) Dyslexia <input type="checkbox"/> (C) Blind/Partially Sighted <input type="checkbox"/> (D) Deaf/Hearing impairment <input type="checkbox"/> (H) Wheelchair/Mobility <input type="checkbox"/> (P) Personal Care Support <input type="checkbox"/> (F) Mental Health	<input type="checkbox"/> (E) Unseen disability (Diabetes/Asthma/Cancer etc.) <input type="checkbox"/> (J) Multiple Disabilities <input type="checkbox"/> (I) Disability not listed <input type="checkbox"/> (G) Learning Difficulty <input type="checkbox"/> (B) Autistic Spectrum Disorder <input type="checkbox"/> (R) Information Refused
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<input type="checkbox"/> I carry <b>time-critical</b> medicines (eg. Epi-pen)									
<input type="checkbox"/> Please tick (✓) box if you would like to arrange additional support (including learning support)									
<p><b>Marketing</b></p> <p>From time to time, UHI Moray may also use your information to contact you for marketing.</p> <input type="checkbox"/> Please tick (✓) box if you <b>would</b> like to be contacted in respect of marketing of future College provision.									