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| **PLEASE COMPLETE ALL RELEVANT SECTIONS.** **SECTION 1 & 4 ARE MANDATORY AND MUST BE FILLED OUT. Thank you****Please email the completed form to:** **eytraining@towerhamlets.gov.uk**For an up-to-date training course directory please visit: <http://tiny.cc/earlyyearstraining> |

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| **SECTION 1: RELEVANT INFORMATION ABOUT YOU.***Please complete* ***all*** *fields in this section unless otherwise indicated.* |
| **Job Role** | Click here to select from the drop down list |
| **Title** | Click here to select from the drop down list |
| **Forename** | Click here to enter text. |
| **Surname** | Click here to enter text. |
| **Place of Work** | Click here to enter text. |
| **Full Work Address** | Click here to enter text. |
| **Work Postcode** | Click here to enter text. |
| **Telephone** | Click here to enter text. |
| **Mobile (Optional)** | Click here to enter text. |
| **Work Email Address** | Click here to enter text. |

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| **SECTION 2: DIVERSITY MONITORING***Please select the relevant options. All fields have a ‘Prefer not to say’ option.* |
| **Ethnicity** | Click here to select from the drop down list |
| **Date of Birth *OR* Age Band** | Click here to enter text.Click here to select from the drop down list |
| **Gender** | Click here to select from the drop down list |
| **Transgender:****Is your gender identity the same as the gender you were born with?** | Click here to select from the drop down list |
| **Sexual Orientation** | Click here to select from the drop down list |
| **Religion** | Click here to select from the drop down list |
| **Disability** | Click here to select from the drop down list |
| Under the Disability Discrimination Act 1995 a person is considered to have a disability if s/he has a physical or mental impairment which has a sustained and long-term adverse effect on his/her ability to carry out normal day to day activities. Since 2005, people with HIV, cancer and multiple sclerosis (MS) are covered by the DDA. |
| **If YES,** please state the type of impairment that applies to you. People may experience more than one type of impairment, in which case you may indicate more than one. If none of the categories apply, please select ‘Other’ and specify the type of impairment in the box below. | Click on the drop down arrow to select |
| Click here to enter text. |

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| **SECTION 3: COURSES REQUESTED**Please only complete this section if you are requesting to book onto a course/session/forum.  |
| **Course Name** | **Course Start Date** |
| Click here to enter text. | Click here to enter a date. |
| Click here to enter text. | Click here to enter a date. |
| Click here to enter text. | Click here to enter a date. |
| Click here to enter text. | Click here to enter a date. |
| Click here to enter text. | Click here to enter a date. |

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| **SECTION 4: I confirm that all the information provided is accurate to the best of my knowledge.** |
| **SIGNATURE***(Also acceptable: e-signatures or name below confirms the above statement)* | **DATE:** |
| **Click here to enter text.** | **Click here to enter a date.** |