**Health & Care Academy Registration Form**

Please complete the registration form with as much detail as possible. This is your opportunity to promote yourself and identify why you should be selected for an Academy place.

*Due to the popularity of this Academy,* ***we cannot guarantee a place for all applicants****, your place is not confirmed until you have been offered a space and have completed all of the paperwork sent to you.*

***NB: Please note this programme will be delivered virtually via Microsoft Teams.***

***Due to Schools/Colleges having robust firewalls our emails can be deemed as spam so it is advisable that you use a personal email address***

***Please return completed registration forms to*** [***andrea.chambers@nhs.net***](mailto:andrea.chambers@nhs.net) ***by 01/04/2022***

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| --- | --- | --- |
| **Information Required** | **Details** | |
| **Applicant Name** |  | |
| **Do you have a preferred name to be called?** |  | |
| **Contact Details & Personal Details** | **Home Address:** |  |
| **Postcode:** |  |
| **Home Phone Number:** |  |
| **Mobile Number:** |  |
| **Email Address:** |  |
| **Next of Kin:**  (For emergency use only) | **Name:** |
| **Relationship:** |
| **Home address** *(If different from above)***:** |
| **Contact Number:** |
| **School / College Details:** | **School / College (currently):** |

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| **Equal Opportunities Monitoring Form** | **Gender:** | **Female Non-binary Transgender**    **Male I do not wish to disclose** | | |
| **Age:** |  | | |
| **Date of Birth:** |  | | |
| **Religion** | | | |
| Christian  Hindu  Muslim  Sikh | | Buddhist  Jewish  Catholic  None | Other: ­­­  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_ |
| **Ethnicity** | | | |
| **White**  British  Irish  Any other White Background  **Black or Black British**  African  Caribbean  Any other Black background | | **Mixed**  White & Asian  White & Black African  White & Black Caribbean    Any other mixed background  **Other Ethnic Group**  Chinese  Any other ethnic group | **Asian or Asian British**  Bangladeshi  Indian  Pakistani  Any other Asian background  ***I do not wish to disclose*** |

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|  | **Equality Act** | The Equality Act 2010 protects disabled people - including those with long term health conditions, learning disabilities and so called "hidden" disabilities such as dyslexia. If you tell us that you have a disability we can make reasonable adjustments to ensure that any selection processes are fair and equitable.  **Do you consider yourself to have a disability?**  Yes No I do not wish to disclose  Are any reasonable adjustments required?  Yes No  Please state what is required if yes  …………………………………………………………………………………………………  ………………………………………………………………………………………………....  ………………………………………………………………………………………………. |
| ***Additional Information*** | | |
| ***What careers are you interested in pursuing?*** | | |
| ***Please explain in a sentence why you want to be part of this Health and Care Academy*** | | |
| ***How did you hear about The Health and Care Academy?*** | | |
| **Student Signature……………………………. Student Name……………………………………… Date………………………………………**  **I consent to my child/dependant taking part in the Health and Care Academy:**  **Parent / Guardian Signature………………………… Parent / Guardian Name………………………………Date……………………….**  **School/College Signature…………………………..**  **School/College Name…………………………… Date………………………….**  **NB: Please contact us directly if you will have a problem accessing IT equipment and MS Teams via your email address.**  **Disclaimer:**  North East Essex Clinical Commissioning Group (CCG) in partnership with East Suffolk and North Essex NHS Foundation Trust & West Suffolk NHS Foundation Trust, take the protection of your personal data very seriously and we take appropriate steps to ensure your personal data is stored in a secure environment to prevent any unauthorised access.  We will not share your personal information with any third parties that you have not agreed for it to be shared with. We may disclose your personal data if required to do so by law and we will only retain your personal data for as long as is necessary for the purposes we are using it for.  Further information on how we process your information can be found at neessexccg.nhs.uk/your-information | | |