



Registration Form

To register a place on a Caring with Confidence Finding Your Way session, please complete the following in BLOCK CAPITALS:

Name:

Address:

.....

Post code:

Home telephone no: **Mobile no:**

Email address:

Date of birth:

In case of an emergency, who would you like us to contact:

Name:

Home telephone no: **Mobile no:**

Please indicate below which Finding Your Way session you would like to attend:

Date:

Venue:

Finding your way

Please tick the box to confirm you are an unpaid carer over the age of 18

What would be the best way for us to contact you?

Telephone

Email

Post

The information you have provided is important in helping us deliver a good service to carers through the Caring with Confidence programme and will be treated confidentially. It will be used to assess and evaluate the programme by the Caring with Confidence consortium and its evaluators Leeds University. The Caring with Confidence consortium values your feedback and would also like to use your information to keep you informed about the programme and future courses. **If you do not want to be contacted in future, please tick the box**

For office use only

Provider Organisation: **Registration no:** _ _ / _ _ / _ _ _ _

Contact: