

## **RESPONSE COMPUTER & HOMEWORK CLUB**

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## **Application Form**

|                          | 1           |  |                              |                              |                               | 1                     |  |  |
|--------------------------|-------------|--|------------------------------|------------------------------|-------------------------------|-----------------------|--|--|
|                          | Name:       |  |                              |                              |                               |                       |  |  |
| Parent /                 | Addros      | ···  |                              |                              |                               |                       |  |  |
| Guardian                 | Address:    |  |                              |                              |                               |                       |  |  |
| Details                  |             | Postcod  | e:                           | Email:                       |                               |                       |  |  |
|                          | Teleph      | one:   |                              | Mobile:                      |                               |                       |  |  |
|                          |             |  |                              |                              |                               |                       |  |  |
| Childs<br>Details        | Name:       | me:  |                              |                              |                               |                       |  |  |
| Details                  | Age:        | e: Date of Birth: Gender:  |                              |                              |                               |                       |  |  |
| Will your o              | hild be c   | collected from the c   | luh?                         |                              |                               |                       |  |  |
|                          |             |  | put the contact deta         | ils of the person co         | ncerned below)                |                       |  |  |
| Name:                    |             | ••••   |                              |                              |                               |                       |  |  |
| Address:                 |             |  |                              |                              |                               |                       |  |  |
|                          |             |  | r                            |                              |                               |                       |  |  |
| r elepriorie.            |             | ·····  | <u>r</u>                     | viobile                      |                               |                       |  |  |
| Do you giv               | e your p    | ermission for your   | child to leave the clu       | b at any time?               |                               |                       |  |  |
| Doctors<br>Details       |             |  |                              |                              |                               |                       |  |  |
|                          | Name:       | Name:  |                              |                              |                               |                       |  |  |
|                          | Address     | Address:   |                              |                              |                               |                       |  |  |
|                          | Telephone:  |  |                              |                              |                               |                       |  |  |
| Daga wasan               |             |  |                              |                              |                               |                       |  |  |
| If yes, plea             |             |  | specific medical nee         | as?                          |                               |                       |  |  |
|                          |             | -  |                              |                              |                               |                       |  |  |
|                          |             |  | •••••                        |                              | •••••                         |                       |  |  |
| If your chi              | ld may n    | eed urgent medical   | assistance, can they         | be treated?                  |                               |                       |  |  |
|                          | Cabaali     | Pahaal:  |                              |                              |                               |                       |  |  |
| School<br>Details        |             | School:  |                              |                              |                               |                       |  |  |
|                          | Teacher:    |  |                              |                              |                               |                       |  |  |
| Homework                 | c Club      | Club To receive information about Homework Club activities. Please tick Phone Post Email |                              |                              |                               |                       |  |  |
| Activiti                 | ies         | one of the boxes to  | tell us how you would        | ike to be contacted.         | THORE                         | 1 OSt Lillaii         |  |  |
|                          |             | White British  | Black African                | Indian                       | Asian other                   | Other ethnic          |  |  |
| Please ind<br>the ethnic |             |  |                              | Pakistani                    |                               |                       |  |  |
| of your chi              |             | White Irish  | Black Caribbean              |                              |                               | group                 |  |  |
|                          |             | White other  | Black other                  | Bangladeshi                  |                               |                       |  |  |
| *\\/a ====1              | thin inform | action for your sets to fire   | doro ubo utili be etimo en   | Chinese                      | Idron in oak astasas          | at the details of our |  |  |
| * We need individual o   |             | lation for reports to fund   | ders who will be given on    | ly the total number of chi   | idren in each category, n     | ot the details of any |  |  |
| DATA INFO                |             |  |                              |                              |                               |                       |  |  |
| All information          | aiven on th | is form will be treated with   | complete confidentiality and | no information will be passe | ed on without the parent's/qu | ardian's express      |  |  |

All information given on this form will be treated with complete confidentiality and no information will be passed on without the parent's/guardian's express permission. We promise to respect any personal data you share with us or that we get from other sources. We also promise to keep your data safe and secure. We aim to be clear about what we will do with your data when we collect it and not to do anything with it that you wouldn't reasonably expect. We never share your data with any other organisations, unless legally obliged to do so.

| Parents/Guardian's signature: Date: |
|-------------------------------------|
|-------------------------------------|