

Please tick the courses you are interested in:				
<input type="checkbox"/> Ignite		<input type="checkbox"/> Digital Life Skills		<input type="checkbox"/> Right At Home
<input type="checkbox"/> Skills for Supporting Others		<input type="checkbox"/> Skills for Work		<input type="checkbox"/> New Leaf Horticulture
Client Details				
Title:	First Name:	Surname:	DOB:	National Insurance Number:
Address:			Emergency Contact Name:	
Postcode:			Number:	
			Relationship:	
Phone:	Email Address:		Ethnicity:	Gender:
Are you a BCHA Resident or Tenant? Y / N				
Where/How did you find out about us?				
Referral Service Details (If Applicable)				
Referrer Name:	Referral Service Name & Address:			
Phone:	Email address:			
How long have you been providing this client with information, advice, guidance or support and in what capacity?				
Important Client Information				
Do you consider yourself to have a disability or any other health issues Y / N				
If YES, please give details:				
Are there any issues around drugs/alcohol that you feel we may need to be aware of Y / N				
If YES, provide details:				
Are there any issues (licences, court orders etc.) that may restrict your engagement or concerns that the Ignite Team should be aware of? Please make reference to offending behaviour, if applicable				

Please ensure this form is **fully completed and signed** as we may be unable to proceed without the information. Once received, we will contact you to arrange enrolment.

By signing this document, I agree with BCHA's Privacy Notice and give consent for BCHA to share any of the above information with third parties if a risk is disclosed and also that we may give details to the referrer regarding your attendance to the course/s referred for. If this form has been completed by a referral partner, then consent must be agreed prior to the form being shared with Ignite.



Name: _____ Signature: _____ Date: _____

For Office Use Only:

Additional Notes

Risk Assessed by: _____ Date: _____