**TEMPLATE: Service User Registration Form for [Organisation/Session]**

ADD YOUR LOGO

**Section 1: Personal Details**

Your Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address including Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 2: Tells us anything you think we should know about**

Do you have any dietary requirements: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any access requirements: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other needs (e.g., learning needs, large print information etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact Information**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 3: Demographic Information**

For monitoring and reporting purposes. This information helps us understand who is accessing our services, ensure we are meeting the needs of our community and to secure future funding.

**Sex:**

☐ Male ☐ Female ☐ non-binary ☐ Prefer not to say ☐ Other: \_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Age:**

Under 18 ☐ 18-24 ☐ 25-34 ☐ 35-44 ☐ 45-54 ☐ 55-64 ☐ 65+ ☐  
 **Please turn over to continue**

*If you do not want to give the following information - please tick prefer not to say.*

**Do you consider yourself to have a disability?**

Yes ☐ No ☐ Prefer not to say ☐

**Race:**

Asian/Asian British ☐ Black, Black British, Caribbean or African ☐  
Mixed/Multiple Ethnicity ☐ White ☐ Other - Please Specify ☐   
Prefer not to say ☐

**Sexual Orientation:**

Bisexual ☐ Heterosexual ☐ Homosexual ☐ Other - Please Specify \_\_\_\_\_\_\_  
Prefer not to Say ☐

**Socio-economic Difficulties**

Financial hardship ☐ Socio-economically deprived ☐ Prefer not to Say ☐

**Religion/Faith:**

Buddhist ☐ Christian ☐ Hindu ☐ Jewish ☐ Muslim ☐ Sikh ☐   
No religion ☐ Other - Please Specify ☐ Prefer not to Say ☐

**Gender Reassignment:**

Yes ☐ No ☐ Prefer not to say ☐

**Pregnancy and Maternity**

Pregnant ☐ On Maternity Leave ☐ Not Applicable ☐ Prefer not to say ☐

**Marriage and civil partnership**

Civil partnership ☐ Divorced ☐ Married ☐ Single ☐ Widowed ☐   
Prefer not to say ☐

**Section 4: Consent & Declaration Please tick to confirm:**

☐ I consent to my **anonymised** data being used for the purposes of monitoring and reporting to funders.

☐ I understand my data will be kept confidential and stored securely.

☐ I agree to be contacted about future programmes and activities.

☐ I understand I can withdraw my consent at any time.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_