

DASH Client Registration Form

You do not have to fill in this entire form. You can fill in as much as you would like to share, however this information may help with the support given by DASH.

Personal Information

Title:.....Forename(s):.....Surname:.....

Gender: Male / Female / Prefer Not To Say

Date of Birth:.....

Address:.....

.....Postcode.....

Telephone Number:.....

Mobile Number:.....

Email Address:.....

Emergency Contact information

Name:.....Telephone Number:.....

Name:.....Telephone Number:.....

Ethnicity

Please tick the appropriate box:

- | | | | |
|--------------------------------------|--------------------------|--------------------------------------|--------------------------|
| Asian Or Asian British – Bangladeshi | <input type="checkbox"/> | Mixed – White and Asian | <input type="checkbox"/> |
| Asian Or Asian British – Chinese | <input type="checkbox"/> | Mixed – White and Black African | <input type="checkbox"/> |
| Asian Or Asian British – Indian | <input type="checkbox"/> | Mixed – White and Black Caribbean | <input type="checkbox"/> |
| Asian Or Asian British – Pakistani | <input type="checkbox"/> | White – British | <input type="checkbox"/> |
| Black Or Black British – African | <input type="checkbox"/> | White – European | <input type="checkbox"/> |
| Black Or Black British – Caribbean | <input type="checkbox"/> | White – Irish | <input type="checkbox"/> |
| Black Or Black British – Somali | <input type="checkbox"/> | White – Other | <input type="checkbox"/> |
| Black Or Black British – Other | <input type="checkbox"/> | Other | <input type="checkbox"/> |
| Mixed – Other Mixed Background | <input type="checkbox"/> | Do not wish to disclose ethnic group | <input type="checkbox"/> |



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Disability

Please tick the appropriate box(es)

- None
- Blind/Visual Impairment
- Deaf/Hard of Hearing
- Learning Disability/Difficulty
- Mental Health Condition
- Autistic Spectrum Disorder
- Physical Impairment
- Other
- Do Not Wish To Disclose

Medical Information

Please provide us with any relevant medical information

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Photo consent

Please fill in the following section if you are happy for your photo to be taken by DASH.

I give consent for my picture to be taken by DASH and used on social media, their website and as part of reports for funders.

If you would like to receive our email newsletter than you can sign up on our website at www.dash.org.uk

Your declaration

I understand the following:

You will use the information I have provided to report to funders, help with my support from DASH or to compile statistical reports.

My data will be stored in a secure way and can be accessed, changed or deleted at my request any point I wish to.

Name..... Signature.....

Date.....

DASH promise never to share or sell your information to other organisations or businesses and you can opt out of our communications at any time by telephoning 0208 848 8319, writing to DASH, Wood End Centre, Judge Heath Lane, Hayes, UB3 2PB or by sending an email to info@dash.org.uk



DASH Reg Charity No. 1093818
Reg Company No. 4204456



www.dash.org.uk

dash TIMETABLE

Monday	Tuesday	Wednesday	Thursday	Friday
Curling Boccia	Bingo	Golf	Zumba	Football
Lunch 12.30-1.00pm				
Boxing Karaoke	Karaoke Dancing Miss Daisy	Karaoke Arts & Crafts	Karaoke Line Dancing	Karaoke Drama Games

Morning sessions: 10.30am-12.30pm (cost £5)

Afternoon sessions: 1.00pm-3.00pm (cost £5)

The DASH Hub will remain open till 4pm each day

The DASH Hub
1 Crown Walk
The Pavilions Shopping
Centre
Uxbridge
UB8 1GX

