 

REGISTRATION FORM

*Upon registering for the FWD X ROUNDHOUSE event, you will be sent a confirmation email. Please show this email to the box office to receive your wrist bands. For any assistance/enquiries, please contact a member of the FWD team via email* *fwd@camden.gov.uk* *or call* ***0207 974 4701***

**Organisation details:**

|  |  |
| --- | --- |
| Name of organisation: |  |
| Name of worker: |  |
| Address: |  |
| Post code: |  |
| Tel: |  |
| @:  |  |

|  |  |
| --- | --- |
| Number of young people you are taking to the event: *(Please fill out section below for each young person attending):* ………… |  |

|  |  |  |
| --- | --- | --- |
| I have a current and valid DBS form: *(please underline)* | yes | no |

**Young person details:**

|  |  |
| --- | --- |
| First name: |  |
| Surname: |  |
| Address: |  |
| Postcode: |  |
| D.O.B:  |  |
| Tel:  |  |
| @:  |  |

|  |  |  |
| --- | --- | --- |
| Gender (Please underline) | Male | Female |

**Section 3: Young person’s employment status:** *(Please underline where appropriate)*

|  |  |  |
| --- | --- | --- |
| Not in education or training | In education or training under 14 hours per week | In education or training 14 hours per week or more |

**Section 4: Young Person’s Support needs:**

|  |  |
| --- | --- |
| Please provide details of young person’s support needs. *As their referrer you agree to take responsibility for the young person during the event: (Please state below):* |  |

**Section 5: Young Person’s interests:**

|  |  |
| --- | --- |
| Please state below what area/areas of the music industry you are interested in: |  |

|  |  |
| --- | --- |
| Please state below any questions you have for the panel discussion: |  |

Thank you and we look FWD to seeing you at the event!

 