  
CONTACT TRACING TRAINING ENROLMENT AND REGISTRATION FORM

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Have you attended the University of Liverpool before?** | **Yes** |  | **No** |  | **Student Registration Number** |  |

**SECTION 1 – ENROLMENT DETAILS**

Please complete **all** sections.

If you have already completed one of these forms, please tick here and enter your Student Registration No. above if possible.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Surname/Family Name** |  | | Title |  |
| **Full Forenames** |  | |  |  |
| **E-mail address:** |  |  |  |  |
| Home Address |  | |  |  |
| **Postcode** |  | Daytime Tel Number |  |  |
| **Mobile Number** |  | Evening Tel Number |  |  |

##### SECTION 2: PERSONAL DETAILS: Please tick as appropriate

The University of Liverpool is required by the Higher Education Statistics Agency (HESA) to request the information in this section as a condition of funding. The information is solely for statistical analysis by HESA and is covered by the Data Protection Act.

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date of Birth** | | | Date |  |  | Month | |  |  | Year |  |  |
| **Gender** | **Male** |  | **Female** |  | **Nationality** | |  | | | | | |

**Ethnic Origin:** Please tick as appropriate

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **White British** |  | **Asian/Asian British – Indian** |  | **Mixed – White & Black African** |  |
| **White Irish** |  | **Asian/Asian British - Pakistani** |  | **Mixed White & Asian** |  |
| **Other White background** |  | **Asian/Asian British - Bangladeshi 3** |  | **Other Mixed background** |  |
| **Black/Black British - Caribbean** |  | **Chinese/other Ethnic background –**  **Chinese** |  | **Other Ethnic background** |  |
| **Black/Black British - African** |  | **Other Asian background** |  | **Not known** |  |
| **Other Black background** |  | **Mixed – White & Black Caribbean** |  | **Prefer not to say** |  |

**Disability:** Please tick as appropriate

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Do you have a disability?** | **Yes** |  | **No** |  | **Are you registered disabled?** | **Yes** |  | **No** |  |

**If you have answered YES, what is the nature of your disability? Please tick as appropriate**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Dyslexia** | **01** |  | **Mental Health Difficulties** | **06** |  |
| **Blind/Partially Sighted** | **02** |  | **An Unseen Disability (ie Diabetes etc)** | **07** |  |
| **Deaf/Hard of Hearing** | **03** |  | **Multiple Disabilities** | **08** |  |
| **Wheelchair User/Mobility Difficulties** | **04** |  | **A Disability Not Listed Above** | **09** |  |
| **Personal Care Support** | **05** |  |  |  |  |

**Domicile:** If the address given overleaf is not your permanent address, please complete the following:

|  |
| --- |
| Permanent Address Post Code |

|  |  |  |  |
| --- | --- | --- | --- |
| **DECLARATION**  I agree to the University processing personal data contained in this form, or other data, which the University may obtain from me or other sources. I agree to the processing of such data for any purchase connected with my studies or my health, welfare and safety, or for any other legitimate reason. | | | |
| **Signature** |  | **Date** |  |