

The information on this form is important to us in providing support to you and to help monitor the services that are used at Ngy myplace. We are committed to keeping this information secure, so that only those workers who are authorised to will see it. Any monitoring information we provide to funders or for evaluation purposes will have names and addresses removed.

By completing this form, you are saying that Base 51 as the host of Ngy myplace and its partners can keep your details on file in a secure place and agree that it will only be shared anonymously for monitoring purposes or if we have a concern that you or somebody else is at risk of harm. We will, wherever possible discuss this with you first. If this concerns you in any way, please talk to a member of staff.

### Personal Details

First Name		Last Name	
Address			
Post Code			
Mobile Phone			
Email address			

Age		Date of Birth	
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### Emergency Contact

Contact Name:	Relationship to you (if under 18 must be parent/guardian):	Contact Telephone number:

### Gender Identity

Are you Transgender?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Gender	_____
Prefer not to say	<input type="checkbox"/>		

### Disability/Medical

Do you consider yourself to be disabled (please specify)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
_____		
Do you have any medical conditions you would like us to be aware of (please specify)?		
_____		

### Sexual Orientation

Heterosexual / straight	<input type="checkbox"/>	Gay man	<input type="checkbox"/>	Gay woman/lesbian	<input type="checkbox"/>
Bisexual	<input type="checkbox"/>	Pansexual	<input type="checkbox"/>	Other	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>				

**Race/Ethnic Origin**

<b>White</b>		
British <input type="checkbox"/>	Irish <input type="checkbox"/>	Gypsy or Traveller <input type="checkbox"/>
Other White, please describe <input type="checkbox"/>		
<b>Mixed / Multiple Ethnic Groups</b>		
White and Black Caribbean <input type="checkbox"/>	White and Black African <input type="checkbox"/>	White and Asian <input type="checkbox"/>
Other Mixed / Multiple ethnicity, please describe <input type="checkbox"/>		
<b>Asian / Asian British</b>		
Indian <input type="checkbox"/>	Pakistani <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>
Other Asian, please describe <input type="checkbox"/>		
<b>Black / African / Caribbean / Black British</b>		
African <input type="checkbox"/>	Caribbean <input type="checkbox"/>	Other Black, please describe <input type="checkbox"/>
<b>Other Ethnic Group</b>		
Arab <input type="checkbox"/>	Chinese <input type="checkbox"/>	Other Ethnicity, please describe <input type="checkbox"/>
Prefer not to say <input type="checkbox"/>		

**Religion**

Christian <input type="checkbox"/> (including Church of England, Catholic, Protestant and all other Christian Denominations)			
None <input type="checkbox"/>	Buddhist <input type="checkbox"/>	Hindu <input type="checkbox"/>	Jewish <input type="checkbox"/>
Muslim <input type="checkbox"/>	Sikh <input type="checkbox"/>	Other <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>

**Please give details of how you heard of NGY myplace?**

School <input type="checkbox"/>	College <input type="checkbox"/>	Friend <input type="checkbox"/>	Family <input type="checkbox"/>	Social Media (please specify) <input type="checkbox"/>
Other (please specify) <input type="checkbox"/>		NGY Team at Event or Visit to School/College <input type="checkbox"/>		

**Accessing the NGY myplace Building**

If you want to use the NGY myplace building, please read through the statements about Participation, Code of Conduct and Confidentiality with an NGY member of staff who will explain these to you.

**NGY myplace Membership**

To gain access to **ALL** facilities in the NGY myplace you need to become a member of NGY. In addition to the agreements you have made above you also need to agree to the below: I understand that if I lose my membership card, I may be charged £1.00 for a replacement.

Signature	Print Name	Date
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New Membership <input type="checkbox"/>	Membership Update <input type="checkbox"/>	Counselling Client <input type="checkbox"/>
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Net2ID:(issued card number)	Staff - Print	Staff - Sign
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