

ADULT REGISTRATION FORM



Dear participant,

Reaching Wider would like to invite

to attend

at

Overview

Attendance at this event requires a completed and signed 'Registration Form' for each individual who attends.

Reaching Wider is funded by the Higher Education Funding Council for Wales' (HEFCW). Our aim is to raise the aspirations and awareness of people who may not normally consider Higher Education as an option. We do this by organising events and workshops. These take place at universities, colleges, schools and in the community.

Why are we asking for this information? Reaching Wider needs the information for:

- administration of the event;
- to report to HEFCW (to make sure we meet the aims of the project);
- to research a person's journey through education;
- health and safety;
- marketing.

Who will have access to my information? Staff within each of the partner universities, (the University of South Wales (including RWCMD), Cardiff University and Cardiff Metropolitan Univeristy) will have access to the information. If we ask other organisations to deliver events for us, contact information and medical information may be shared so they can run the event safely.

For monitoring and research, some information (shown with an '*' on the form) will be shared with organisations that research entry into Higher Education. This will let us anonymously track how many people who attend our events then go on to Higher Education.

What are my rights? Under the General Data Protection Regulations (GDPR) you have some rights relating to your personal data. Some of these may be limited depending on the circumstances.

Who can I contact within the Reaching Wider team for more information?

Email reachingwider@southwales.ac.uk for more information on our use of personal data, including your rights.

**THE SOUTH EAST WALES
REACHING WIDER
PARTNERSHIP**

STRICTLY CONFIDENTIAL

Programme name Venue/s

Date/s Start time Duration

Audience (KS2,3,4,5, FE Adult, FL) RW Target

* First name * Surname

* Gender Male Female Other Prefer not to say * Date of birth

* Home Address * Telephone number:

..... * Postcode

Do you have qualifications beyond A Level or NVQ Level 3? Yes No

* Have the parents or siblings (brothers or sisters) of the person named above, studied at University? Yes No

Have you had any experience of being in the Care System? Yes No

Are you a carer? Yes No

Use of photographs and films

Reaching Wider and/or third parties contracted by Reaching Wider to deliver services would like to publish photographs and films, sometimes with the first names of participants undertaking activities, on their websites, on promotional material and within social media accounts.

Please read the following statement and indicate your agreement by placing an X in the relevant box.

I agree for my photograph and/or film to be used in the way outlined above

Questions around ethnic origin and disability are optional and will only be used for equality and monitoring purposes. Indicate using an X in the relevant box(es)

Ethnic Origin

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> White – British | <input type="checkbox"/> Black – African | <input type="checkbox"/> Chinese | <input type="checkbox"/> Other Mixed background |
| <input type="checkbox"/> White - Other | <input type="checkbox"/> Other Black Background | <input type="checkbox"/> Other Asian background | <input type="checkbox"/> Arab |
| <input type="checkbox"/> Irish Traveller | <input type="checkbox"/> Asian – Indian | <input type="checkbox"/> Mixed – White & Black Caribbean | <input type="checkbox"/> Other ethnic background |
| <input type="checkbox"/> Gypsy or Traveller | <input type="checkbox"/> Asian – Bangladeshi | <input type="checkbox"/> Mixed – White & Black African | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Black – Caribbean | <input type="checkbox"/> Asian – Pakistani | <input type="checkbox"/> Mixed – White & Asian | |

Disability information – Do you consider yourself to be disabled?

- | | | |
|--|--|---|
| <input type="checkbox"/> No disability | <input type="checkbox"/> Hearing impairment | <input type="checkbox"/> Longstanding illness or health condition |
| <input type="checkbox"/> Learning disability | <input type="checkbox"/> Physical impairment | <input type="checkbox"/> Mental health condition |
| <input type="checkbox"/> Vision impairment | <input type="checkbox"/> Social/Communication impairment | <input type="checkbox"/> Other (not listed above) |

Data Protection Statement - The information provided on this form is confidential and will be held on a secure database in accordance with Data Protection Laws. Email Reaching Wider for information at reachingwider@southwales.ac.uk

By signing this form, I also agree to grant Reaching Wider a non-exclusive license to use material created by the project participant during the course of the project for educational and marketing purposes, and other non-commercial activities.

Signed **Print name**

Would you like to receive email communication about Reaching Wider activities? Yes No In Welsh? Yes No

E-mail:

Today's date: