

Expression of Interest 2018/19

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| COURSES OF INTEREST | |
| <i>Please note if there are not enough applications to a course it may not run, therefore please state your 1st and 2nd course choices</i> | |
| 1: | |
| 2: | |
| PERSONAL DETAILS <i>Your data will be used to apply for a course place at CCA and may be shared with educational partners for this purpose. It will not be used for marketing purposes. Our full privacy policy is available at www.camcommarts.org.uk</i> | |
| First name: | Surname: |
| Address: | |
| Postcode: | |
| Email: | |
| Home telephone: | Mobile: |
| DOB: | Age on 31 Aug 2018: |
| Do you receive any of the following benefits? <input type="checkbox"/> Council Tax <input type="checkbox"/> Housing Benefit <input type="checkbox"/> Employment Support Allowance <input type="checkbox"/> Pension credit <input type="checkbox"/> Income Support <input type="checkbox"/> Job Seekers Allowance <input type="checkbox"/> Universal Credit | Nationality: <i>Have you been resident in the EEA for the past 3 years?</i> Yes <input type="checkbox"/> No <input type="checkbox"/> If no, date of entry to EEA: |
| HEALTH - <i>this is just to indicate what, if any, support needs you may have. Applicants with health challenges will be prioritised.</i> | |
| Do you have a health condition and/or disability? Yes <input type="checkbox"/> No <input type="checkbox"/> Mental Health condition <input type="checkbox"/> Physical condition or disability <input type="checkbox"/> Learning difficulty or disability <input type="checkbox"/> ASD/Asperger's <input type="checkbox"/> Other <input type="checkbox"/> | |
| How did you find out about Cambridge Community Arts? | |
| I certify that the information given is correct | |
| Signed: | Date: |

Please complete this form and return via email to info@camcommarts.org.uk or by post to the address below.
 After we have received your form we will contact you and arrange a time to meet.