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| **COURSES OF INTEREST –** *you can only take one long course at a time but please note if there are not enough applications to a course it may not run, therefore please state your 1st and 2nd choice.* | | |
| **1:** | | |
| **2:** | | |
| **PERSONAL DETAILS** *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* | | |
| **First name:** | **Surname:** | |
| **Address:**  **Postcode:** | | |
| **Email:** | | |
| **Home telephone:** | **Mobile:** | |
| **DOB:** | **Age on 31 Aug 2019:** | |
| **Do you receive any of the following benefits?**   * Council Tax * Housing Benefit * Employment Support Allowance * Pension credit * Income Support * Job Seekers Allowance * Universal Credit | **Nationality:**  *Have you been resident in the EEA for the past 3 years?*  Yes ☐ No ☐  If no, date of entry to EEA: | |
| **HEALTH -** *this is just to indicate what, if any, support needs you may have. Applicants with health challenges will be prioritised.* | | |
| **Do you have a health condition and/or disability?** Yes ☐ No ☐  Mental Health condition ☐ Physical condition or disability ☐ Learning difficulty or disability ☐  ASD/Asperger’s ☐ Other ☐ ………………………………………. | | |
| How did you find out about Cambridge Community Arts? | | |
| Would you like to be added to our mailing list to find out about opportunities with CCA? Yes  No | | |
| **I certify that the information given is correct** | | |
| **Signed:** | | **Date:** |

***Please complete this form and return via email to*** [***info@camcommarts.org.uk***](mailto: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.*