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| **COURSES OF INTEREST***Please note if there are not enough applications to a course it may not run, therefore please state your 1st and 2nd course choices* |
| **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 2018:** |
| **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?  |
| **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.*