



# BHF SPEAK UP WORKSHOP

## REGISTRATION FORM

Great! You have decided to register for the free 1 day Speak Up workshop. Your confidence, communication skills and self esteem are about to get a major boost.

You need to be aged between 13 and 19 and have a heart condition to attend.

We need to make sure the workshop meets your needs so please answer the questions below. All this information will be kept private and confidential. We will only use it for planning and evaluation.

Once you have filled out the form please post it back to us so we can sign you up. The address is at the end of the form – it's a freepost address so you don't need a stamp. We look forward to seeing you soon!

### YOUR DETAILS

Name: ..... Date of birth: .....

Are you male or female? (circle the right one)

Ethnicity (please tick which applies):

- White
- Mixed
- Asian or Asian British
- Black or Black British
- Chinese or other ethnic group

*If you need help filling out this form then please contact meetatteenheart@bhf.org.uk or phone 020 75540404 / 020 75540405*



Your address (including your postcode): .....

Your email ..... Your phone number .....

Which location would be closest to you to attend a Speak Up workshop? (circle the right one)

London / Leicester / Southampton / Manchester / Leeds/ Newcastle

We will pay for your travel to and from the workshop. Please keep your receipts so we can give you the right money back. Would you like us to organise your travel for you? Yes/ No

Do you have any learning difficulties or require learning support at school? If so, tell us about any needs you have here:

Do you have any physical disabilities or difficulties? If so, tell us about them here:

Do you have any special dietary requirements? For example, if you can only eat Halal, or are a vegetarian or if you have food allergies. If so, tell us here:

# CONSENT TO ATTEND

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Please fill out and sign the young person's consent. If you are under 16 you'll need your parent or carer to fill out the parental/carer consent too.

### YOUNG PERSON'S CONSENT

I ..... agree to participate in a Speak Up workshop delivered by the British Heart Foundation. I also agree to being involved in the evaluation of the project which will include filling out online questionnaires and possibly being part of a feedback session. This consent applies to other workshops that are part of the life skills programme too, unless I tell the BHF that I withdraw my consent.

Signature ..... Date .....

### PARENTAL/CARER CONSENT (IF YOU ARE UNDER 16)

I agree to my son / daughter ..... participating in a Speak Up workshop delivered by the British Heart Foundation. I agree to my son / daughter being involved in the evaluation of the project which will include filling out online questionnaires and possibly being part of a feedback session. This consent applies to my son / daughter attending other workshops that are part of the life skills programme, unless I tell the BHF that I withdraw my consent.

Name .....

Signed ..... Date .....

### EMERGENCY CONTACT DETAILS

We need to know who to contact if there is an emergency. Please give the name, number and address of a responsible adult – for example, a parent or a carer:

Name ..... Relationship with you .....

Phone number 1 ..... Phone number 2 .....

Address .....

### WWW.YHEART.NET/MEET

meet@teenheart is part of the BHF website for teenagers. It's just for young people with heart conditions. Please tick the box if you do not want to be registered to use it.

Once you have filled this out, please put it in an envelope and send it back to us at:

You don't need a stamp!

**Freepost Plus RSAC-ZHER-YTZL  
British Heart Foundation  
Children and Young People's Team  
Greater London House  
Hampstead Road  
London NW1 7AW**

