

Share Course enquiry form

Self-referral

If you would like to study at Share, use this form to enquire about our courses. If you would like to refer someone else to study at Share, use our Referrer Enquiry Form.

If you need help filling this form in, email info@sharecommunity.org.uk or telephone 020 7924 2949

Your details Surname				
Forenames				
Address				
Postcode				
Telephone	Mobile			
Email address				
Date of birth		Gender	Male Female	
About the you				
Have you studied at Share before?		Yes	No	
Do you have a disability?		Yes	No	
If Yes, please tick all that a	pply:			
Learning disability/ difficulty	Physical disability	Sensory impairment	Autism	Mental health needs

Are you in receipt of a health teams, housing				ental	Yes	No
If Yes, please state which	ch:					
Are you in receipt of a Direct Payment or Personal Budget?					No	
Has a Personal Needs Questionnaire been completed for you?					No	
Information requi		interested in?				
Accredited training	•					
Life and Basic Skills Catering Digital Skills			Digital Skills	Horticulture		
Short courses	Employn	nent support	Social events			
Additional inform Use the space below to courses you would like	o provide a	about.				
Your details will be ret Act 1998.To confirm y				th the Data	a Protectio	n
Signature			Date			
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