

Registration Form for Hackney Empire Community Choir

Forename	
Surname	
Age	
Post Code	
Email Address	
Phone Number	
Emergency Contact Name	
Relationship to you	
Emergency Contact Number	

Do you have any access requirements?

How did you find out about us? _____

Are you happy to be contacted by email about Hackney Empire Community Choir updates, offers and member information? YES/NO

Are you happy to be contacted by phone by Hackney Empire Community Choir? YES/NO

Your ethnic and gender information is required by our funders. Please select the appropriate box, thanks!

Ethnicity

<input type="checkbox"/>	Albanian	<input type="checkbox"/>	Arab	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>
<input type="checkbox"/>	Black African	<input type="checkbox"/>	Black British	<input type="checkbox"/>	Black Caribbean	<input type="checkbox"/>
<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Gypsy / Roma	<input type="checkbox"/>	Indian	<input type="checkbox"/>
<input type="checkbox"/>	Iranian	<input type="checkbox"/>	Iraqi	<input type="checkbox"/>	Latin/South/Central American	<input type="checkbox"/>
<input type="checkbox"/>	Other Asian background	<input type="checkbox"/>	Other black background	<input type="checkbox"/>	Other mixed background	<input type="checkbox"/>
<input type="checkbox"/>	Other white background	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	Traveller	<input type="checkbox"/>
<input type="checkbox"/>	Turkish	<input type="checkbox"/>	White and Asian	<input type="checkbox"/>	White and black African	<input type="checkbox"/>
<input type="checkbox"/>	White and black Caribbean	<input type="checkbox"/>	White British	<input type="checkbox"/>	White European	<input type="checkbox"/>
<input type="checkbox"/>	White Irish	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>		<input type="checkbox"/>

Gender

<input type="checkbox"/>	Female	<input type="checkbox"/>	Male	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
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Thank you for filling out this form!