

**COURSE TITLE: CONNECT**

|  |  |  |  |
| --- | --- | --- | --- |
| YOUR NAME/SURNAME |  | DATE OF BIRTH |  |
| CONTACT NUMBER  |  | EMAIL ADDRESS |  |
| ADDRESS & POSTCODE |  |

**ABOUT YOU:** We would like to know a bit about you, please tell us as much as you can

|  |  |  |  |
| --- | --- | --- | --- |
| How did you hear about this course? |  | Have you attended an Art Beyond Belief course before? Which course and when? |  |
| Do you have any issues with reading/hearing/seeing/writing? Tell us more if your answer is yes |  | Is working in a group of 8-10 people ok? |  |
| Do you have any IT connectivity issues? |  | Could you find a quiet room to connect for an hour? |  |
| Will you be able to attend regularly and punctually? |  |  |  |
| What do you hope to get from attending the Connect Course and why? We like to work with a goal in mind, so knowing this beforehand is helpful to us |  |

We would like to know a bit about your health as this will help us to understand your requirements. Please tell us as much as you can

|  |  |
| --- | --- |
| Do you have any mental health issues that you wish to tell us? |  |
| Do you have any physical health issues that you wish to tell us? |  |
| Is there anything else you wish to inform us about? |  |
| Name of Social Prescriber |  | Email of Social Prescriber |  |

PLEASE RETURN THE COMPLETED FORM TO Emel Soylu

**Email: emel@art-beyond-belief.com**