

School / Youth Group Registration Form

Thank you for expressing an interest in Hands Up for Health. To help us process your request, please complete **ALL** sections of this form in **BLOCK CAPITALS** and submit it to:

SaLL Centre, 1st Floor, St Thomas House, St Thomas' Hospital, Westminster Bridge Road, London SE1 7EH
Telephone: 020 7188 7188 (ext. 52065) Facsimile: 020 7188 3425 Email: handsupforhealth@gstt.nhs.uk

This form must be completed by the GROUP LEADER.
Please read the accompanying terms and conditions before completion.

Please tell us about your school / organisation			
School / Organisation Name:			
Address:	Head / Director:		
	Email:		
Postcode:	Phone:		
Borough:	<input type="checkbox"/> LAMBETH	<input type="checkbox"/> SOUTHWARK	<input type="checkbox"/> OTHER (<i>specify</i>)
Phase of Education:	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Other (<i>specify</i>)	Type:	<input type="checkbox"/> Community (state) school <input type="checkbox"/> Independent state school (e.g. academy) <input type="checkbox"/> Youth Club <input type="checkbox"/> Other (<i>specify</i>)
Please tell us about yourself (the group leader)			
Your Name:	Email:		
Job Role:	Mobile (<i>required</i>):		
Please tell us about the group you wish to book in			
Year group:	Ages:	Group Size:	
Special Requirements:	<i>Note: there is limited disabled access at the Centre, please check our facilities are adequate for your needs prior to booking</i>		
I confirm that I have read and agree to the terms and conditions <input type="checkbox"/> (<i>please tick</i>) I support the group's participation in the Hands Up for Health Evaluation study <input type="checkbox"/> (<i>please tick</i>)			
Signature of Group Leader:	Date:		