



**HEALTH CHAMPION – ATTENDEE REGISTRATION FORM**

Thank you for your interest in the Health Champion training scheme. Please find attached some general information regarding the scheme and a list of current training dates

\*A separate application form will be sent to you for each course you wish to attend\*

Name:

Name of Workplace / Voluntary Organisation (if applicable):

Contact Address:

Telephone:

Email:

Please circle or underline Do you work in

**Washington   Sunderland West   Sunderland North   Sunderland East   Coalfields  
Sunderland City Wide**

Please circle or underline which sector you are working/volunteering in (if applicable):

**Statutory   Voluntary   Community   Other:**

The personal information you supply enables Live Life Well to check that discrimination is not taking place. Collecting equality and diversity data ensures that we understand and respond to the health needs of diverse communities. This information will be kept for data monitoring purposes only.

Ethnic Group (please tick one box)

**White**

- British
- Irish
- Other White background

**Black or Black British background**

- Caribbean
- African

**Mixed**

- White and Black Caribbean

**Other ethnic groups**

- Chinese
- Other ethnic group

**Asian or Asian British**

- Indian
- Pakistani
- Bangladeshi
- Other Asian

**[ ] Other**

- Not Stated

**Employment Status:**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Employed full-time | <input type="checkbox"/> Looking after home or family full time | <input type="checkbox"/> Self-employed  |
| <input type="checkbox"/> Employed part-time | <input type="checkbox"/> Permanently sick/disabled              | <input type="checkbox"/> Unable to code |
| <input type="checkbox"/> Full-time carer    | <input type="checkbox"/> Unemployed                             | <input type="checkbox"/> Retired        |
| <input type="checkbox"/> Volunteer          | <input type="checkbox"/> Other                                  |   |

**Sexuality:**

- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> Bisexual                          | <input type="checkbox"/> Gay/Lesbian |
| <input type="checkbox"/> Heterosexual/Straight             | <input type="checkbox"/> Other       |
| <input type="checkbox"/> Don't Know / Don't Wish To Answer |                                      |

**Gender Identity:**

- Is your gender identity the same as the gender you were assigned at birth – YES / NO
- Is your gender identity the same as the gender you were assigned at birth – DON'T KNOW / DON'T WISH TO ANSWER

PLEASE RETURN YOUR COMPLETED FORM TO US VIA THE FOLLOWING:

- EMAIL – [cdda-tr.healthchampions@nhs.net](mailto:cdda-tr.healthchampions@nhs.net)
- POST (OR IN PERSON) - LIVE LIFE WELL, 12 JOHN STREET, SUNDERLAND, SR1 1HT
- TELEPHONE: 0800 107 0741 Free number where we can take the details over the phone