|  |  |
| --- | --- |
| **Date** |  |

**About You**

|  |  |
| --- | --- |
| **Name** |  |
| **Number** |  |
| **Email** |  |
| **Gender** |  |
| **Ethnicity** |  |
| **Age** |  |
| **Employment Status** |  |

|  |  |
| --- | --- |
| **Over how many days would you prefer to study? (Please tick)** | |
| * 4 days per week over 8 weeks (5 hours per day) |  |
| * 3 days per week over 20 week (3 hours per day) |  |
| * 2 days per week over 24 weeks (4 hours per day) |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **When are you available to do Pre-Entry ESOL? (Please tick)** | | | | |
|  | **10am to 1pm** | **12pm to 3pm** | **3pm to 6pm** | **6pm to 9pm** |
| **Monday** |  |  |  |  |
| **Tuesday** |  |  |  |  |
| **Wednesday** |  |  |  |  |
| **Thursday** |  |  |  |  |
| **Friday** |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Do you have any childcare needs?** | **Yes** |  | **No** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Are you on benefits?** | **Yes** |  | **No** |  |
| Please list: | | | | |
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |

|  |  |  |
| --- | --- | --- |
| **Please confirm your preferred location?** | | |
| **Osmani Centre** | **Maryam Centre** | **Wapping Women’s Centre** |
|  |  |  |

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| --- |
| **How did you hear about us?** |
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