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| --- | --- |
| **KOVE registration form** | We only need your name and address, telephone (and email, if you have one) to provide our service, but please give more information if you wish. **Please PRINT below** |
| Name |  |
| Date of Birth |  |
| Address |  |
|  |  |
| Postcode |  |
| Borough |  |
| Home phone number |  |
| Mobile phone number |  |
| Email address |  |
| Emergency contact no. |  |
| **Ethnicity** (please tick one) | **Is there anyone for whom you are a primary carer?** |
| White British [ ] Irish [ ]White other [ ] | Yes [ ] No [ ] Prefer not to say [ ] |
| Black British [ ] Caribbean [ ] Other [ ] | **Are you** Male [ ] Female [ ] Prefer not to say [ ]  |
| Indian [ ] Pakistani [ ]Bangladeshi [ ] Other [ ] | **Is your gender the same as registered at birth?**Yes [ ] No [ ] Prefer not to say [ ] |
| Chinese [ ] Arab [ ] |  |
| None of the above [ ]Prefer not to say [ ] | **Do you have a long-term medical condition or disability?** Yes [ ] No [ ] Prefer not to say [ ] |
|  | If yes, please specify (so we can be aware)  |
| **Do you live:** | Alone [ ] With partner/spouse [ ] With family [ ]Sheltered/Residential [ ] Other [ ] |

We sometimes take photos at our events to help publicise our work.

Are you happy to be in our photos? Yes [ ] No [ ]

We keep in regular contact by email and a quarterly postal newsletter. You can cancel this at any time.

I have read the above information and I would like to register with KOVE.

|  |  |
| --- | --- |
| **Please sign** **Date** |  |
| Return to  | KOVE, c/o 54-56 Phoenix Road, NW1 1ES.Email: info@kove.org.ukPhone: 07778-145787 [**www.kove.org.uk**](http://www.kove.org.uk)  |