

Green Door Printmaking Studio Supplementary Information Form



Please complete this form legibly in print or BLOCK CAPITALS. Completed applications should be handed into the Green Door office or posted with appropriate payment to Green Door Printmaking Studio, St James Centre, Malcolm Street, Derby, DE23 8LU.

Please Note: You are not required to complete this form but the information requested will help us to provide you with a better printmaking experience and will certainly help us with funding requests to outside organisations. The information you provide as part of your application is held on a secure database and is covered by the Data Protection Act. You may request a printout of all your details at any time from a member of staff.

PART ONE: DISABILITIES

Please tell us if you have particular communication, mobility or health needs and what these are. (For example, 'I prefer materials in large print', 'I am dyslexic', 'I require wheelchair access' etc.)

--

PART ONE: MEDICAL CONDITIONS

Please tell us if you have any medical conditions that you think we should be aware of.

--

PART TWO: EQUAL OPPORTUNITIES

How would you describe your cultural or ethnic origin? Please tick as appropriate

Please note that ethnic origin is not a matter of nationality, right of abode in the UK or date of birth.

WHITE:	BLACK OR BLACK BRITISH:
<input type="checkbox"/> British (English, Scottish, Welsh, N. Ireland)	<input type="checkbox"/> Caribbean
<input type="checkbox"/> Irish	<input type="checkbox"/> African
<input type="checkbox"/> Other, Please specify:	<input type="checkbox"/> Other, Please specify:

MIXED:	ASIAN OR ASIAN BRITISH:
<input type="checkbox"/> White and Black Caribbean	<input type="checkbox"/> Indian
<input type="checkbox"/> White and Black African	<input type="checkbox"/> Pakistani
<input type="checkbox"/> White and Asian	<input type="checkbox"/> Bangladeshi
<input type="checkbox"/> Other, Please specify:	<input type="checkbox"/> Other, Please specify:

OTHER ETHNIC GROUP:
<input type="checkbox"/> Chinese
<input type="checkbox"/> Other, Please specify:

For office use only:

Date received	Fee enclosed?	* Proof Provided?	Membership Begins	Membership Expires	Membership #