

Equality Focus Ltd

**Registration Form for Tutor/Mentor 20/21**

**1. Personal Information**

|  |  |
| --- | --- |
| **Title: Mr / Mrs / Miss / Ms / Dr**  **Name:** | **Date of Birth:** |

**2. Contact Information:**

|  |  |
| --- | --- |
| **Term time address:** | |
| **Email:** | **Phone / Mobile:** |

**3. University and Course Details**

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| --- |
| **University/College:** |
| **University/College Campus attend:** |
| **Course Title:** |

|  |  |
| --- | --- |
| **Current year of course:** | **Total number of years of course:** |
| **Full time / Part time**  (delete as appropriate) | **Course Type:** (delete as appropriate) Further Education / Undergraduate / Masters / PhD  Other please state: |
| **Course Start Date (year 1):**  **Day/Month/Year format** | **Course End Date (final year):**  **Day/Month/Year format** |

**4. Disability –** Please state your disability below:

|  |
| --- |
|  |

*Please note the above is optional, leave blank if you prefer not to say.*

**5. Availability –** Please indicate below the times you are available to meet with a tutor/mentor:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Mon | Tues | Wed | Thurs | Fri | Sat |
| Morning |  |  |  |  |  |  |
| Afternoon |  |  |  |  |  |  |
| Evening |  |  |  |  |  |  |

*Please select as many available time periods to enable us to best match you with your support worker.*

**6. Location –** Please tick or state where you would like the support to take place.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Bloomsbury** (Near Russell Square) |  | **Stratford** |  | **Eltham** (Rose Bruford) |  |
| **Mile End**  (Queen Mary campus) |  | **Greenwich** |  |  |  |
| **Other Location:** (please state) |  | | | | |
| **Postcode:** |  | | | | |

*Please note support workers are not able to meet students at their home, but they can provide support in a local public place if necessary (i.e. a local library).*

**7. Funding –** Please include your funding details below and confirmation of your funding from your funding body:

|  |  |
| --- | --- |
| **Funding Body (i.e. SFE, NHS, ESRC):** | **Hours allocated:**  Per Year / Per Course (delete as appropriate) |
| **Customer Reference Number:** |  |
| **Needs Assessment Centre (e.g. Access 1st, CLASS, Kent Assessors, Access2Learn, WLAC)** |  |

**Information on this registration form will be used to match you with a tutor/mentor. Data will be stored on our student database and the form will also be passed to your tutor/mentor. Following the matching process you will be emailed a link to our** [**Client**](http://www.clear-links.co.uk/client_terms_of_business.aspx) **Terms of Agreement and the** [**Failure to Cancel Policy**](http://www.clear-links.co.uk/fail_to_cancel_policy.aspx) **which will be deemed to have been accepted by you unless otherwise stated.**