# **Personal details**

|  |  |  |
| --- | --- | --- |
| **Name**Please use capital letters | **Address** | **Postcode** |
|  |  |  |
| **Telephone number** | **Email address** | **Date of birth** |
|  |  |  |

# **2. Interest in Multiply**

|  |
| --- |
| **Highest maths qualification**If unsure, please write “don’t know” |
|  |
| **Opportunities that interest me** |
| [ ]  Numeracy skills |
| [ ]  Arts and crafts |
| [ ]  Travel planning |
| [ ]  Cooking skills |
| [ ]  Building confidence with numbers in daily life |
| [ ]  Money management |
| [ ]  Other (please state below) |

# **Data protection & consent**

* I understand that this data is needed to enable Step2Skills to identify and record the type and level of support that I may require and enable them to communicate with me on matters relating to numeracy skills, employment skills or on other topics as relevant to my specific needs.
* I agree that you, as a partner on the Multiply programme managed by Step2Skills, may store my personal data from this form and it will be used for the purpose of recording services provided and actions relating to support offered.
* I agree that this data can be transferred to Step2Skills as part of the Multiply project – for monitoring overall engagement with, and progression from, the project.
* This data will be stored electronically on Step2Skills secure management information system and deleted after 7 years as per the Department for Education regulations for this project.

**I give permission to be contacted using the contact information I have given.**

|  |  |  |
| --- | --- | --- |
| **Name** | **Signature** | **Date** |
|  |  |  |

To find out more how we look after your personal data please visit our website [www.servicesforyoungpeople.org](http://www.servicesforyoungpeople.org).

**Returning this form**

Please return this completed form to:

Multiply – SfYP LDD Team

HCC Services for Young People

SFAR105 Farnham House

Six Hills Way

Stevenage, SG1 2FQ