

Project registration form

Thank you for taking part in a Manchester Histories project. Please fill in all the sections of this form. The information is used for evaluation and monitoring purposes, and your details will be kept strictly confidential.

Project Name:	
Your Name:	
Address:	
Full Postcode:	
If you live in Greater Manchester which borough do you live in?	
Phone Number:	
Email:	
Date of Birth:	
Age:	

I understand that Manchester Histories will keep personal details about me for reporting and marketing purposes, stored on paper and on local computer hard drives. I give my consent under the provisions of the General Data Protection Regulation for them to do so. I understand that I can withdraw consent. Information will not be shared with a third party without my consent. I have the right to access this information upon request. I understand I have the right to complain to the Information Commissioner if I am not happy with the way Manchester Histories is handling my personal data.

I agree to this information being used for the purposes of evaluation, to show how the project meets its aims and objectives. And to be contacted for follow-up interviews to see what impact the project has had on me as a participant.

Project participants/volunteers like you help Manchester Histories further our work with communities including learning, access programmes and creating new resources or digital content which we may share with our audiences and partners. For example, this may include using or adapting the work you create for use on Manchester Histories merchandising which we will sell to raise funds for the charity. In order for your work to be used for Manchester Histories' purposes and to support the charity, we ask you to agree to this by ticking the box below.

Yes, I agree with the above.

'Work' is defined as anything you create or invent during your time as a volunteer or participant at Manchester Histories.

Your signature (or signature of parent/guardian if under 16)

Emergency Contact details, of a parent/guardian if you are under 16, or next of kin if over 16.

Name:	
Phone number:	
Email:	
Relationship to you:	

Do you have a medical condition we should know about?

Yes No If yes, please give details:

Do you have any special dietary requirements or allergies?

Yes No If yes, please give details:

Is there anything we need to take into consideration to enable you to fully participate in the project?

How would you describe your gender?

- Male (including female to male trans men)
- Female (including male to female trans women)
- Non-Binary (such as androgyne)
- Prefer not to say

Do you identify as a disabled person?

Yes No Prefer not to say

How would you describe your ethnic origin?

- White - British
- White - Irish
- White - Other
- Asian British
- Indian
- Pakistani
- Bangladeshi
- Any other Asian background
- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed background

- Black British
- Caribbean
- African
- Any other black background
- Chinese
- Any other Ethnic Group
- Prefer not to say

If none of the above apply please describe your ethnic origin.

How would you describe your sexual orientation?

_____ Prefer not to say

Please indicate the principal mode of transport you used to take part in this project

Rail Tram Bus Car Foot Cycle Other _____

If you have any questions, please get in touch with us:

info@manchesterhistories.co.uk 0161 306 1982