**Catalyst Course**

**Registration Form**

**Dates of the course:**

Mon 3rd Aug, Tues 4th Aug, Weds 5th Aug, Weds 12th Aug & Thurs 13th Aug 2015

**You must attend all 5 days**

Name:............................................................................................................................

Address:.........................................................................................................................

Address:.........................................................................................................................

D.O.B:............................................................................................................................

Email address:...............................................................................................................

Phone number:..............................................................................................................

Access / Dietary requirements:......................................................................................

Is there anything else the course organisers need to be aware of? .............................

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**Emergency Contact details:**

Emergency Contact 1

Name:............................................................................................................................

Contact number:............................................................................................................

Relationship to you:.......................................................................................................

Emergency Contact 2

Name:............................................................................................................................

Contact number:............................................................................................................

Relationship to you:.......................................................................................................

Catalyst is a young adults leadership programme funded by Near Neighbours. We aim to provide a high quality experience which helps to increase your confidence, knowledge and future prospects. We expect all participants to be respectful of other religions/ beliefs and supportive of the spirit and letter of equalities legislation and practice. As part of Catalyst, you are expected to agree to becoming more active in the work of Near Neighbours and St Philip’s Centre through volunteering as and when opportunities arise. We will support and assist you with this. Your submission of this form indicates your agreement.

**Signed:**

**Date:**

**Any questions?**

Please contact Kim Grieg on 01582 416946 / 07930601640 or near.neighbours\_luton@btconnect.com

Further programme details and other information will be emailed to you.

**Other information:**

Catalyst is being delivered as a partnership between St Philip’s Centre, Grassroots and the Luton Council of Faiths.