

REGISTRATION FORM

Date: _____		Location: _____	
Name: _____			
Age Range:			
8-10	11-13	14-16	
Ethnicity (Or state "prefer not to say"): _____			
Do you speak or read Welsh?			
Yes		No	
Gender:			
Male	Female	Other	
Do you have disability or learning difficulty?			
Yes	No	Prefer not to say	
Area of residency: _____			
Contact Details:			
Phone Number: _____			
Email Address: _____			
Parent/Guardian Contact Details:			
Phone Number: _____			
Email Address: _____			
Which workshop are you doing?			
STEM		Music	
Do you or have you experienced any issues with mental health, anxiety or low self-esteem?			
Yes	No	Prefer not to say	

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