

British Sign Language for Free

Kindly funded by:



Registration Form

1. Personal Information

We ask for this information, so our records are accurate and we can contact you. We also need this information to register you with Signature. Please inform us via email of any changes.

Name <i>(as you would like it to appear on your certificate)</i>	
Address	
Telephone number	
Email address	
Date of Birth	

2. Do you have a Deaf relative or friend?

Please tick any that apply – if you are unsure, contact us.

Brother or Sister is Deaf	
Parent/s are Deaf	
Members of family are Deaf	
Friend is Deaf	
Work colleague is deaf	
Other <i>(please explain)</i>	

3. Why are you interested in this course?

4. Do you require any specific support to help you through the course?

For example; you might want to tell us if you have a learning disability, require large print materials if you have poor visibility or want hard copies of materials if you do not have access to a computer. Put down anything you think we should know.

Please tick here if you do not wish to be contacted about our other courses.

We will not share your information with any third party.

Thank you.

Please email your completed form to: admin@deafpositivesaction.org

If you have any queries, please contact us on: 0118 979 7575

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TESCO Bags of Help