

# Talking Together Registration Form

NAME:

ADDRESS:

PHONE NUMBER:

EMERGENCY NUMBER:   
(in case we are unable to reach you and are concerned you may need help)

EMAIL:

DATE OF BIRTH:

## Workshops

Please indicate your first and second choice. (Please check that you are available to participate on all the dates for your chosen topics.)

FIRST CHOICE:

SECOND CHOICE:

It would be very helpful to us if you could answer these additional questions. The information you provide will enable us to learn how the programme can best respond to participants and their needs.

Do you live alone?      Yes       No

If no, with whom do you live?

Do you have care-taking responsibilities that prevent you from leaving the house?

Yes       No

If yes please explain:

Is public transportation easily accessible?    Yes       No

Are there any health or other issues that prevent you from participating in your community as often as you might like?    Yes       No

If yes, would you share them with us below?

What are your expectations of these discussions?

How did you find out about TALKING TOGETHER?

Website       Friend       Newsletter       Other

Registration forms must be returned by **MONDAY 22 JUNE**. Places will be allocated on a first come, first served basis. Please either post to:

**COPE, St Luke's Community Centre, Victoria Road, Cambridge CB4 3DZ**

or email: [cambridgecope@hotmail.co.uk](mailto:cambridgecope@hotmail.co.uk)