



**Multilingual Wellbeing Service**  
1st Floor, Information and Advice Centre  
Edgware Community Hospital  
Burnt Oak Broadway  
HA8 0AD

**Tel 020 8937 7248**

Barnet MWS/ IAPT Services - Registration Form

All personal information collected by NHS England will be kept strictly confidential. Information provided will be used for workshop registration purposes only.

***(Please complete all sections and return to [nhsworkshop@farsophone.org.uk](mailto:nhsworkshop@farsophone.org.uk))***

Workshop Topic:		Date:
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Name: Surname:		
Date of birth:		
Please specify your ethnic origin:	<p><b>White</b></p> <input type="checkbox"/> British / Scottish /English / Welsh <input type="checkbox"/> Irish <input type="checkbox"/> Any other white background	<p><b>Mixed</b></p> <input type="checkbox"/> White and Asian <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> Any other mixed background
	<p><b>Black or Black British</b></p> <input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Any other Black background	<input type="checkbox"/> <b>Any other ethnic background:</b> _____ (Please specify)
	<p><b>Asian or British Asian</b></p> <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Any other Asian background	<input type="checkbox"/> <b>Prefer not to say</b>
Telephone:		
Email Address:		
Full Address: <i>(Door number, street name and post Code)</i>		
Do you live in the borough of Barnet?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
GP Practice name:		

Please specify how you have found out about the workshop?