

Yoga Course Enrolment

Start Date:

PERSONAL DETAILS

Forename:										Surname:										
Date of Birth:																				
Address:																				
Town:										Postcode:		B	T							
Telephone:		Mobile		0	7															
		Landline		0	2	8														
Email:																				
Please provide your online order no: AND																				

Please give details of any illnesses or needs an instructor should be aware of (e.g. asthma, hearing, heart condition etc.)
How did you hear about the course:

Using your Personal Information

The Council takes your right to personal privacy seriously. Your personal information will be used for the purposes of managing your course enrolment and to send you information relevant to the course.

We are required to process your information as part of the contract of enrolment of a centre activity.

The Council will hold the information for a period of 3 years after the conclusion of your last enrolment.

If you have data protection queries please contact the Council's Data Protection Officer at:

dataprotection@ardsandnorthdown.gov.uk or visit the Council's website at: **www.ardsandnorthdown.gov.uk/privacy-and-cookies**

Please tick the box to confirm that you are happy to receive information about centre activities and promotions that we may send.

Ards and North Down Borough Council may take photographs of the course for promotional purposes. The images may be used in newspapers, brochures, website, social media and other publicity material.

Please tick the box if you consent to being photographed .

Please note: unfortunately we are unable to issue refunds under any circumstances.

I confirm that I have read, fully understand and agree to abide by the Leisure Ards and North Down Admissions Policy and that the information I have provided on this form is correct and I will inform the centre of any changes in the future.

Signed: _____ Date: _____