

the hidden gardens

Women's CULTURAL COOKERY

Application Form

Contact Details

Name:.....

Address:
.....

Postcode:
.....

Tel No:
.....

Email:
.....

Have you taken part in The Hidden Gardens Cultural Cookery before? If so when?

Why would you like to take part in the Women's Cooking Group?

What is your favourite recipe?

If you have any additional support needs please note them here:

Do you need childcare? If so please detail number of children and ages.

Equal Opportunities

Ethnic Origin
Please specify:
.....

Employment Status

Employed	<input type="checkbox"/>	Student	<input type="checkbox"/>	Retired
<input type="checkbox"/>				
Incapacity/DLA	<input type="checkbox"/>	JSA	<input type="checkbox"/>	Refugee
<input type="checkbox"/>				
Seeking Asylum	<input type="checkbox"/>	Other		
<input type="checkbox"/>			

Do you have a disability or impairment? YES NO

Please Return to:

Natalie Davidson, Community Programme Manager
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