**REGISTRATION FORM**

**Language Workshop for Women**

**Dates:** starting on March 1st, 2023; 34 times **Weekday:** Wednesdays

**Time:** 9am - 12:15pm

**Location:** Storckhaus, Alte Bielefelder Straße 14, 33824 Werther

**Executing educational institution**: Volkshochschule (VHS) Ravensberg

**Send registration form to:** Frau Lengersdorf (Kommunales Integrationszentrum Kreis Gütersloh): [v.lengersdorf@kreis-guetersloh.de](mailto:v.lengersdorf@kreis-guetersloh.de) or VHS Ravensberg, Kiskerstraße 2, 33790 Halle (Westfalen), Tel.: +49 (0) 5201- 810925 or -45,

Email: [dorothea.denninghaus@vhs-ravensberg.de](mailto:dorothea.denninghaus@vhs-ravensberg.de)

1. **Personal details**

Last name: 

First name: 

Date of birth (MM/DD/YYYY): 

Street: , House number: 

Postal code: , City: 

Telephone 1 (priority mobile phone): 

Telephone 2: 

Email: 

Family language(s): 

1. **Costs**

The language course is free to attend and childcare is also free.

1. **Declaration for the implementation of all protective measures in accordance with the German Protection against Infection Act (Infektionsschutzgesetz)**

I agree to observe all codes of conduct as stipulated by the regulations of the German Protection against Infection Act (Infektionsschutzgesetz).

Place, date: 

Signature: 

1. **Childcare**

**I need childcare for the following child or children:**

**Child 1:**

Child‘s name: 

Child's date of birth (MM/DD/YYYY): 

**Child 2:**

Child‘s name: 

Child's date of birth (MM/DD/YYYY): 

**Child 3:**

Child‘s name: 

Child's date of birth (MM/DD/YYYY): 

I agree that my child/children may participate in this free childcare. I agree that my details may be passed on to the educational provider responsible for the course. I agree for my child/children to participate in excursions or field trips. I will instruct my child/children to follow the instructions given by education staff. I will send my child/children with a face mask that covers the mouth and nose. I confirm that my child/children does/do not suffer from any illnesses or poor health that would forbid attendance.

Place, date: 

Signature (mother’s or a legal guardian’s): 

1. **Data protection**

I agree that my personal data may be stored electronically by Kreis Gütersloh (the district of Gütersloh) for the purpose of internal data processing. The district of Gütersloh guarantees that the personal data will be handled in accordance with the provisions stated in the data protection declaration. I can revoke my consent at any time. The revocation can be made by e-mail or by post. We will only use your registration data to organise the event and to be able to contact you in preparation or if the event is cancelled. The general data protection declaration of the Kreis Gütersloh can be found here: <https://www.kreis-guetersloh.de/impressum-datenschutz-1/> *(Note: You would like to have this website translated in another language? Then please select the appropriate language at the top right of this website under "Sprache".)*

Place, date: 

Signature: 