

# WOOD SHED THEATRE COMPANY

Registered charity Number 1112637



## WOOD SHED INCLUSIVE THEATRE – APPLICATION FORM

CHILDREN'S THEATRE (Age 7 to 11)

YOUTH THEATRE (Age 11-16+)

To be completed and signed by parent/carer. Please complete ALL sections using block capitals. All details will be treated as strictly confidential.

Name of applicant		Male		Female	
Address					
Postcode		Date of birth			
Name of parent/carer					
Please ensure we have, at least ONE, telephone number, if for any reason, we need to contact you on a Monday evening.					
Home Phone no.		Emergency contact no.			
Mobile Phone no.					
Email address		School Attended			
Please supply a recent photograph of your child. If you do not have one please return the form and post the photo in later with the child's name clearly printed on the back.		Please state why you would like your child to be part of Wood Shed Inclusive Theatre Group and where you heard about us.			
Any relevant information or experience (including any musical instrument your child plays)					
Is there any information which you feel may be useful to us to plan for your child's involvement (i.e. social, religious or cultural, or any specific needs)?					

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Is there any information regarding your child's health, mobility, medication and any other issues which help us meet your child's needs during the sessions.

Is there any special protocol/procedure we should be aware of in dealing with your child?

**Ethnic origin information.** Wood Shed Theatre Company requires this information for funding and monitoring purposes. How would you describe your child? Please tick

African	Irish	White
Asian	Latin American	Other (please specify)
Black	Middle Eastern	
Caribbean	Mixed	

## Photography/video permission

Occasionally the theatre sessions and performances may be filmed or photographed for monitoring, general press and publicity purposes.

I give permission for my child to be filmed and photographed.

Signature of parent/carer: \_\_\_\_\_

Date: \_\_\_\_\_

## Database consent

I give my consent for the contact details listed on this form to be included in Wood Shed Theatre Company's database. You will receive information regarding the Inclusive theatre project and events. Your details will not be passed to any other organisation.

Signature of parent/carer: \_\_\_\_\_

Date: \_\_\_\_\_

## Volunteers

Wood Shed is always in need of volunteers. If you are able to help us in any way (i.e. Admin, publicity, fundraising, costumes, props, local contacts, or helping during sessions) please give details:

## Please return completed form to:

Louise Bennett – Workshop Leader