

# Angel Shed Theatre Company Application Form

Children's Theatre One  
(Year 1 - 2 / ages 5 - 7)

Children's Theatre Two  
(Years 3 - 6 / ages 7 - 11)

Youth Theatre  
(Years 7 - 11 / ages 11-16)

## Child/Young Person Details

Name ..... Date of Birth .....

School ..... Gender Identity .....  
(M/F/Other etc.)

**If you are a parent/carer please fill in PART A.**

**If you are referring this child to us as a professional STOP and please fill in PART B.**

## Part A - Parent/Carer

### Parent/Carer 1 Details

Full Name .....

Please use capital letters

Main Address .....

Home Phone ..... Mobile Phone .....

Email Address .....

### Parent/Carer 2 Details

Full Name .....

Main Address .....

Home Phone ..... Mobile Phone .....

Email Address .....

**Part A - Parent/Carer continued**

**Emergency Contact 1**

**Emergency Contact 2**

Full Name .....

Full Name .....

Relationship to Child .....

Relationship to Child .....

Number .....

Number .....

**Please remember to notify us if any of the above changes**

Is there any information you would like us to know about your child's circumstances? (Emotional, physical, mental health, additional needs etc.)

Please continue onto a separate sheet if needed

Why do you think Angel Shed is suitable for this child? What other useful information can you provide?

Please continue onto a separate sheet if needed

## Part C - Parent/Carer & Professional Referral

### Photo/Video Consent

Our workshops and performances may be filmed or photographed. These images and films may be used for evidencing our work, fundraising, publicity or promotional purposes. This might include (but is not limited to) printed and online publicity, social media, press releases and funding applications.

I give permission for my child/young person to be filmed and/or photographed.

Signed by Parent/Carer ..... Date .....

### Privacy Details

We will never share your information with third parties

Would you like Angel Shed to send you information about opportunities from other organisations? These will always be relevant to the inclusive arts.

Yes

No

Would you like Angel Shed to send you a copy of our privacy policy?

### Subscription fees

Our subscription fees, per term are:  
£50 for Children's Theatre One.  
£100 for Children's Theatre Two and Youth Theatre.

If you feel that you will be unable to pay, we can help you meet the cost of these fees.  
Please tick the box if you would like more information about this.

## Part B - Professional Referral

If you are a parent/carer **STOP** and please continue to **Part C**

### Professional Referee's Details

Your Name .....

Relationship to Child/Family .....

Organisation .....

Work Phone ..... Mobile Phone .....

Are the family of the child/young person aware they have been referred to Angel Shed? Yes  No

Is the child/young person on the Child Protection Register? Yes  No

Is the child/young person a Looked After Child? Yes  No

Is the child/young person in receipt of a personal allowance? Yes  No

What relevant information can you give us about the child/young person? This may include home support, school support, additional needs they may have etc.

Please continue onto a separate sheet if needed

## Part C cont. - Parent/Carer & Professional Referral

I agree:

- 1) for the child/young person to take part in Angel Shed workshops and performances.
- 2) to pay the subscription fee on time or inform of any circumstances that prevent me from doing so.
- 3) to providing emergency contact details (page 2).
- 4) that it is my responsibility to update Angel Shed of any change of contact details or change in circumstance.
- 5) to provide any medication the child/young person may need. Angel Shed can store medication during a session, but can not administer it. We can only provide First Aid.
- 6) to Angel Shed processing the health information needed to inform and sustain a safe theatre space environment and have appropriate procedures in place.
- 7) to Angel Shed holding the information provided in this form for the duration of the child /young person's involvement. If they stop coming to Angel Shed, such information will be deleted after a year.
- 8) for Angel Shed to keep me updated on all aspects of our delivery and performances and on any specific information about the child/young person.

I understand:

- 1) that Angel shed takes no responsibility for loss or damage to the child/young person's belongings.
- 2) that under extreme circumstances the young person may be removed from the session to prevent them causing harm to themselves or others.
- 3) that Angel Shed reserve the right to maintain an inclusive mix of our membership. This may result in a child/young person being put on our waiting list.
- 4) that Angel Shed do not offer refunds in any circumstances with the exception of a project being cancelled. In such case a full refund will be issued.

Signed by Parent/Carer ..... Date .....

or

Signed by Referee ..... Date .....

Send this application form:

by **post**: Angel Shed Theatre Company, CANDI, 444 Camden Road, N7 0SP

by **email**: [info@angelshedtheatre.org.uk](mailto:info@angelshedtheatre.org.uk)