****

**MEMBER APPLICATION FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| **Please select which session(s) your child wishes to join:** | | | |
|  | Children’s Theatre  years 3-5 | ages 7-10  Monday Evenings (5.30-7.00pm) |  | Youth Theatre 1  years 6-8 | ages 10-13  Thursday Evenings (5.30-7.00pm) |
|  | Music Collective  years 8-13+ | ages 12-19  Monday Evenings (7.30-8.45pm) |  | Youth Theatre 2  years 9-13 | ages 14-19  Thursday Evenings (7.30-9.00pm) |
|  | Dance Company  years 6-13+ | ages 10-19  Monday Evenings (7.30-8.45pm) |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Child/Young Person Details** | | | |
| Your Child’s Name: |  | | |
| Gender Identity: |  | Date of Birth: |  |
| Home Address: |  | Postcode: |  |
| School: |  | Year Group: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Contact 1 (Primary Parent/Carer)** | | | |
| Name: |  | Relationship to Child: |  |
| Email: |  | Phone number: |  |
| **Contact 2 (Parent/Carer/Other)** | | | |
| Name: |  | Relationship to Child: |  |
| Email: |  | Phone number: |  |

|  |  |
| --- | --- |
| **Photo/Video Consent**  Our workshops and performances may be filmed or photographed for evidencing our work, fundraising, publicity or promotional purposes. This might include (but is not limited to) printed and online publicising, social media, reports and funding applications.  If you give permission for your child/young person to be filmed and/or photographed, please sign below. | |
| Signed: | Date: |
| **Travel home alone** (YT1/YT2/DC/MC only)  If you give permission for your child to leave Angel Shed on their own, please sign below. | |
| Signed: | Date: |

|  |
| --- |
| 1. **Is there any information you would like to share with us about your child’s situation?**   This may include allergies, disabilities, additional needs, circumstances at home, emotional/behavioural needs, physical or mental health. If needed, please continue onto another sheet, or feel free to call/email us. |
|  |

|  |
| --- |
| 1. **How can we most effectively support your child?**   This may include visual aids, Makaton, 1:1 support, sensory resources |
|  |

|  |
| --- |
| 1. **What do you hope that being at Angel Shed will achieve for your child?** |
|  |

|  |  |
| --- | --- |
| **Membership Fees**  Suggested fees are £100 per term for CT/YT1/YT2 and £75 for DC/MC.  Siblings are welcome to a 25% discount. | |
| Angel Shed operates a **Pay-What-You-Can** system.  If you would prefer to pay an alternative to the suggested fee, please write the termly amount you would like to contribute:  (e.g. £20, £30, £50) | £ |
| We do not ask for proof of financial need, however, if you are comfortable to do so, please share the reason(s):  (e.g. low income, unemployed, carer) |  |

|  |  |
| --- | --- |
| **Privacy Details** | |
| Would you like Angel Shed to send you information about relevant opportunities from other arts organisations? | YES / NO |
| Are you happy for Angel Shed to contact you with relevant opportunities after your child has stopped attending? | YES / NO |

\*All Angel Shed policies are available on request and key information can be found on the Member Page of the website upon joining.

|  |  |
| --- | --- |
| **I agree:**   1. for the child/young person (C/YP) to take part in Angel Shed workshops & performances. 2. to pay the agreed fee at the start of term or inform Angel Shed of any circumstances that prevent me from doing so. 3. to provide contact details for general and emergency use (page 1). 4. to update Angel Shed of any change of contact details or change in circumstance. 5. to provide any medication the C/YP may need. Angel Shed can store medication during a session, but cannot 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 C/YP's involvement. If they stop attending, this information will be deleted in line with our Data Policy. 8. for Angel Shed to keep me updated on all aspects of our delivery and performances and on any specific information about the C/YP. 9. to the appropriate use of safe touch with my child in artistic activities, by Angel Shed staff and volunteer practitioners, in line with Angel Shed’s Safe Touch Policy (see Safeguarding Policy). \* | |
| **I understand:**   1. that Angel Shed takes no responsibility for loss or damage to the C/YP's belongings. 2. that while Angel Shed will always try to ensure C/YP can remain in sessions, under extreme circumstances they may be asked to leave a session, or take a break from attending, to prevent them causing harm to themselves or others. 3. that the C/YP may be put on our waiting list. This could be due to a group having reached capacity, appropriate support not being available, or the need to maintain an inclusive mix of our membership. 4. that Angel Shed does not offer refunds except for if a project is cancelled. 5. that Angel Shed reserves the right to share relevant information with other organisations and authorities if we have a safeguarding concern about a C/YP. | |
| Signed by Parent/Carer: | Date: |

**Logo, company name

Description automatically generated**

**MEMBERSHIP EQUALITY, DIVERSITY AND INCLUSION FORM**

The information you provide here helps ensure we are reaching those who would benefit most from attending Angel Shed. It is also vital for reporting to our funders, ensuring we can keep Angel Shed’s work as a charity going.

All information you provide will be anonymised and kept strictly confidential.

|  |
| --- |
| 1. Please describe your child’s ethnicity (for example Black Caribbean, White British, Turkish…) |

|  |
| --- |
| 1. Please select all personal circumstances that apply to your child: |

|  |  |
| --- | --- |
| o None of the below  o Blind or Partially Sighted  o D/deaf or Hard of Hearing  o Arthritis  o Asthma  o Diabetes  o Epilepsy  o Cerebral Palsy  o Mental Health Condition (for example, anxiety, depression, bipolar disorder, anorexia…) | o Autism Spectrum Condition  o Dyslexia  o Dyspraxia  o ADHD  o Neurodivergent  o Wheelchair User  o Chronic Fatigue  o Downs Syndrome  o Asylum Seeker/ Refugee  o Young Carer  o Experience of the care system  (in care or care leaver) |

|  |
| --- |
| 1. If you don’t see your child represented in the list above, please specify any personal circumstances relevant to them. |

|  |
| --- |
| 1. Do any of the above personal circumstances apply to any of your child’s parents, carers, or siblings? |

|  |
| --- |
| 1. How did you hear about Angel Shed? |

|  |  |
| --- | --- |
| o Outreach workshop  o Word of Mouth  o Angel Shed Website  o Social Media | o Flyer/Poster  o Referred by School  o Referred by social worker  o Other (please specify  ­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |