

# Angel Shed Creative Practitioner Application Form

Children's Theatre One  
Mondays 3.30 - 5.30pm

Children's Theatre Two  
Thursdays 5 - 7 pm

Youth Theatre  
[inc. Children's Theatre Two]  
Thursdays 5 - 9pm

## Your Details

Please use CAPITAL LETTERS

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

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

Email address .....

Home address .....

Postcode .....

## Do you have a DBS?

DBS stands for Disclosure and Barring Service and it is a way for organisations working with vulnerable people to see if there is a conviction history of who they employ. If you do not have a DBS you will be required to have one done before you can participate in the sessions.

Yes

No

Are you on the DBS update system?

If yes,

Number ..... Issue Date .....

## Emergency Contact 1

## Emergency Contact 2

Full Name .....

Full Name .....

Relationship to you .....

Relationship to you .....

Phone  
Number .....

Phone  
Number .....

What experience do you have of drama or performing arts?

What experience do you have of working with children and young people?

Do you have any other areas of interest? (e.g. technical, design, fundraising, admin)

Is there any other information you feel may be useful for us to know?

Do you have a criminal record, cautions or pending court dates?

Yes

No

If yes, please give details

**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?

**References**

**Referee One/Tutor**

**Referee Two/Tutor**

Full Name .....

Full Name .....

Relationship to you .....

Relationship to you .....

Number .....

Number .....

Address .....

Address .....

Postcode .....

Postcode .....

Upon completion or confirmation of your DBS Angel Shed will email you our Safeguarding Policy and Practitioner Handbook. It is your responsibility to read this so that you are up-to-date on how we operate in the theatre with the children and young people.

I agree:

- 1) to let Angel Shed know if I cannot attend a session due to illness, lateness or any other problem.
- 2) to complete evaluation forms for each term.
- 3) to treat the volunteer placement as if it were a professional assignment.
- 4) to be punctual and presentable.
- 5) to observe the rules, regulations and policies of Angel Shed.
- 6) to observe all Health & Safety requirements as directed.
- 7) to read Angel Shed Child Protection & Safe Guarding Policy and Code of Conduct
- 8) to not befriend any children or young people on social networking sites.
- 9) to attend training sessions when required.
- 10) that Angel Shed takes no responsibility for loss or damage of my personal belongings.

Signed ..... Date .....

Send this application form:

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

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