

Angel Shed Theatre Company - Application Form

Children's Theatre 1 (Mon)
(years 1 - 2 / ages 5 - 7)

Children's Theatre 2 (Mon)
(years 3 - 5 / ages 7 - 10)

Youth Theatre 1 (Thu)
(years 6 - 8 / ages 10 - 13)

Youth Theatre 2 (Thu)
(years 9 - 13+ / ages 13 - 19)

Music Collective (Mon)
(years 8 - 13+ / ages 12 - 19)

Dance Company (Mon)
(years 8 - 13+ / ages 12 - 19)

Child/Young Person details

Name Date of Birth

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

Parent/Carer 1 details

Full Name Relationship to Child

Main Address

Home Phone Mobile Phone

Email Address

Parent/Carer 2 details

Full Name Relationship to Child

Main Address

Home Phone Mobile Phone

Email Address

Emergency Contact 1

Full Name

Relationship to Child

Number

Emergency Contact 2

Full Name

Relationship to Child

Number

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

Please continue onto a separate sheet if needed

How can we most effectively support your child?

Please continue onto a separate sheet if needed

What do you hope that being at Angel Shed will achieve for your child?

Please continue onto a separate sheet if needed

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

Yes No

Would you like Angel Shed to send you information about relevant opportunities from other arts organisations?

<input type="checkbox"/>	<input type="checkbox"/>
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Would you like Angel Shed to send you a copy of our privacy policy?

<input type="checkbox"/>	<input type="checkbox"/>
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Are you happy for Angel Shed to contact you with relevant opportunities after your child has stopped attending?

<input type="checkbox"/>	<input type="checkbox"/>
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Subscription fees

Our subscription fees, per term are:

£75 for Children's Theatre One, Music Collective*, and Dance Company*.

£100 for Children's Theatre Two, Youth Theatre One and Youth Theatre Two.

Siblings are entitled to a 25% discount.

*Members of Youth Theatre can attend Music Collective or Dance Company free of charge.

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.

I agree:

- 1) for the child/young person (C/YP) to take part in Angel Shed workshops & performances.
- 2) to pay the subscription fee at the start of term or inform Angel Shed of any circumstances that prevent me from doing so.
- 3) to provide emergency contact details (page 1).
- 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 C/YP 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 C/YP's involvement. If they stop attending, this 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 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.

I understand:

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

Angel Shed Theatre Monitoring Form

All information you provide will be kept strictly confidential.

1. Please tick the box which best describes your child's ethnic group.

- | | |
|---|---|
| <input type="radio"/> White British | <input type="radio"/> Pakistani |
| <input type="radio"/> White Irish | <input type="radio"/> Chinese |
| <input type="radio"/> White Other | <input type="radio"/> Other Asian / Asian British |
| <input type="radio"/> Mixed – White and Black Caribbean | <input type="radio"/> African |
| <input type="radio"/> Mixed – White and Black African | <input type="radio"/> Caribbean |
| <input type="radio"/> Mixed – White and Asian | <input type="radio"/> Any other Black background |
| <input type="radio"/> Other mixed/multi ethnic background | <input type="radio"/> Arab |
| <input type="radio"/> Indian | <input type="radio"/> Turkish |
| <input type="radio"/> Bangladeshi | <input type="radio"/> Any other ethnicity |

2. Do any of the below apply to your child? Please tick all that apply.

- Social/communication impairment (such as Autism Spectrum Disorder)
- Blind/serious visual impairment uncorrected by glasses
- Deaf/serious hearing impairment
- Long standing illness or health condition (such as epilepsy)
- Mental health condition
- Specific learning difficulty (such as dyslexia, dyspraxia, AD(H)D)
- Physical impairment or mobility issues (such as using a wheelchair or crutches)
- Disability, impairment or medical condition not listed above
- None of the above

3. How did you hear about Angel Shed?

- | | |
|--|--|
| <input type="radio"/> Outreach Workshop | <input type="radio"/> Flyer/Poster |
| <input type="radio"/> Word of Mouth | <input type="radio"/> Referred by school |
| <input type="radio"/> Angel Shed website | <input type="radio"/> Referred by social worker |
| <input type="radio"/> Social media | <input type="radio"/> Referred by another organisation
(please specify) _____ |

4. Does your child attend any other after school activities?

- Yes (please specify) _____ No

5. How many people in total (adults and children) live in your household?

6. Do any of them have additional needs?
