



This form for Children's and Youth Theatre membership is to be completed and signed by Parent/Carer

Please complete ALL sections using block capitals. All details will be treated as strictly confidential.

Full name of Applicant:			Male		Female	
Please indicate by ticking the box which group you are applying for:	CT 4.30 – 5.45pm Thursday 7-12yrs		YT 6 – 7.30pm Wednesday 11-18yrs			
Address:						
		Postcode:				
Date of Birth:					Age:	
School or Occupation:						
Home Phone Number:		Mobile No:				
Full Name of Parent/Carer if applicant is under 18:						
Email of Applicant (of Parent/Carer if under 18):						
EMERGENCY CONTACT PHONE NUMBERS FOR PARENTS/CARERS Please ensure that you give us <u>two</u> numbers to ring in case we need to contact you during the session. We would always contact the parent/carer in the first instance If over 18yrs please just answer section (2) providing at least one emergency contact name and number Please print numbers and names carefully	(1) Name of Parent/Carer Emergency Contact Number 1:					
	(2) Name of contact person and their relationship to your child/you Emergency Contact Phone Number:					
1. Please state why you would like your child (or yourself if over 18) to be part of this Inclusive Theatre Group and where you heard about it						
2. Is there any information which may be useful for us to know? (Social, religious or cultural, any specific needs your child/you may have in relation to the session, in order to help us plan for your child's/your involvement)						

3. Please give us information regarding your child's/your health, behaviour and communication, mobility, medication, schooling and any other issues which will help us meet his/her/your needs more fully whilst attending the inclusive theatre workshops

4. Is there any special protocol/procedure we should be aware of in dealing with your child/you? (i.e. procedures for supporting a child/you with epilepsy.) Please indicate your child's/your condition here and then you must provide details of the procedure to follow on a separate sheet with your child's/your name and your contact phone number listed at the top

5. Please mark with an 'x' which best describes your child's/ your Ethnic Group:

White		Mixed/Multiple Ethnic Groups	Asian/Asian British	Black/African/ Caribbean/ Black British	Other Ethnic Group
Welsh/English/ Scottish/Northern Irish/British		White and Black Caribbean	Indian	African	Arab
Irish		White and Black African	Pakistani	Caribbean	Any other ethnic group, write below
Gypsy or Irish Traveller		White and Asian	Bangladeshi	Any other Black/African, Caribbean background, write below	
Any other White Background, write below	Any other Mixed/multiple ethnic background, write below	Chinese	Any other, write below		

6. PHOTOGRAPHY/VIDEO PERMISSION & DATABASE CONSENT

Occasionally Children's, Youth Theatre and Adult Company sessions may be filmed or photographed for monitoring and general press and publicity purposes, including use on our website and in reports.

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

Signature of Parent/Carer or Applicant:

Date:

I give permission for the contact details listed on this form to be included on the database for Apple Shed. Your details will not be passed to any other organisation.

Signature of Parent/Carer or Applicant:

Date:

PLEASE RETURN this application form to:- Appleshed Inclusive Theatre Company, c/o St Andrew's Church Office, Station Road, Congresbury BS49 5DX or email it to love.appleshed@yahoo.com

Thank you