



Application Form
Adult Company (25+ Years)

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

Name of Applicant:		Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Prefer Not to Say	<input type="checkbox"/>
Address:							
Post Code:				Phone Number:			
Date of Birth:		Age:		Email:			
Emergency Contact 1		Name:			Phone Number:		
Emergency Contact 2		Name:			Phone Number:		
From September 2021, the TramShed inclusive theatre programme incorporates both face to face workshops and online workshops. Please indicate below which area of the TramShed membership you are would like to register for.							
(Delete as appropriate)							
Face to Face Workshops		Yes/No					
Online Workshops		Yes/No					
Please state why you would like to be part of TramShed and where you heard about it.							
Is there any information which you feel may be useful for us to know or any special protocol/procedure we should be aware of, which could help us to plan for your involvement? (E.g. Epilepsy procedure etc).							

COVID-19

Have you had a COVID-19 vaccination? (Delete as appropriate) YES/NO

Please give details:

If you develop any symptoms of coronavirus, have tested positive for coronavirus, or have been in close contact with someone who has symptoms or who has tested positive for coronavirus, please do not attend workshops. COVID-19 safety measures will be in place at TramShed until further notice to ensure we are in line with Government guidance. This may include mask wearing, temperature checks and controlled entrance/exits.

Ethnic Origin Information – We require this information for funding and monitoring purposes.

WHITE		ASIAN		BLACK	
British	<input type="checkbox"/>	Asian British	<input type="checkbox"/>	Black British	<input type="checkbox"/>
Scottish	<input type="checkbox"/>	Indian	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>
Welsh	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	African	<input type="checkbox"/>
Irish	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	Other Black background	<input type="checkbox"/>
Other White background	<input type="checkbox"/>	Other Asian background	<input type="checkbox"/>		
CHINESE		MIXED		OTHER ETHNIC BACKGROUND	
Chinese British	<input type="checkbox"/>	Any mixed background	<input type="checkbox"/>	Other background	<input type="checkbox"/>
Chinese	<input type="checkbox"/>			Please specify	
Other Chinese background	<input type="checkbox"/>				

PHOTOGRAPHY/VIDEO PERMISSION & DATABASE CONSENT

Occasionally the Adult Company sessions may be filmed or photographed for monitoring and general press and publicity purposes, including use on our websites, social media and in reports.

I give my permission to be filmed and photographed.

Signature:

Print your name:

TramShed send out monthly e-bulletin of important information including term dates, holidays, workshop changes and other news. If you do not wish to receive this, please tick here

You can follow TramShed on Facebook, Twitter & Instagram - @tramshedtheatre

PLEASE RETURN this application form to:

TramShed Theatre Company
PO Box 167
Leigh
WN7 9DE

07852 498427

tramshedtheatre@hotmail.co.uk