

## Application Form Youth Theatre (13-16 Years)

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

Name of Applicant:		Male		Female		Prefer Not to Say			
Address:									
Address.									
Post Code:	Pł	none Num	ber:						
Date of Birth:	Age:	Email:							
Date of Birth	7.901	Linain							
Emergency Contact 1	Name:			Phone	Nun	nber:			
Emergency Contact 2	Name:			Phone Number:					
Current High				1					
School/College:  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.									
To those any information which	b vou fool mou	ha waaful fa		to know i		vy aposial			
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.											
		naing	BLACK								
	WHITE		ASIAN								
British		Asian British		Black British	片						
Scottish	닏	Indian		Caribbean	片ㅣ						
Welsh		Pakistani		African	닐ㅣ						
Irish	Ш	Bangladeshi	Ш	Other Black background							
Other White background	Ш	Other Asian background									
CHINESE		MIXED		OTHER ETHNIC BACKGROUND							
Chinese British	П	Any mixed background	П	Other background							
Chinese	$\Box$	Any mixed background		Please specify	🗌						
Other Chinese background	$\Box$										
PHOTOGRAPHY/VIDEO PERM	IISSI	ON & DATABASE CONSENT									
				1 16 " 1							
Occasionally the Youth Theatre sessions may be filmed or photographed for monitoring and general press and publicity purposes, including use on our websites, social media and in reports.											
press and publicity purposes	,	daing use on our websites, s	ociai	media ana in reports.							
I give my permission to be f	ilmed	and photographed.									
Parent/Guardian Signature: Print your name:											
(If under 18 years)											
Transchad and out month	م براما	bullatin of important info		ion including town dates							
TramShed send out month holidays, workshop change											
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											
07952 409427											
07852 498427 tramshedtheatre@hotmail.co.uk											