**Brixton Youth Theatre** 

**Every Friday 6pm – 8pm**

**Participant Application Form**

Please fill in your details below to apply to join the Brixton Youth Theatre and have the form signed by a parent/guardian if you’re under 16.

If you would like to find out more about BYT please call: **07960 964558**

**Email** **info@brixtonyouththeatre.com** **or visit our website www.brixtonyouththeatre.com**

|  |  |
| --- | --- |
| **First name** |  |
| **Surname** |  |
| **Address** |  |
| **Mobile phone number** |  |
| **Home phone number** |  |
| **Email address** |  |
| **School / College** |  |
| **Age** |  | **Date of Birth** |  |
|  **Emergency Contact details:*** **Name:** **Tel**:
 |
|  Which of the following are you interested in (please circle all that apply:) Acting Movement/Dance Writing songs/words Composing musicSinging Filming Making Art/design Directing |
|  Please tell us three reasons why you would like to join Brixton Youth theatre:  |
|   **Medical Conditions/Special Requirements** |
|  Do you have any allergies? |  |
| Please let us know of any dietary requirements we should be aware of:  |  |
| Please let us know of any access requirements or medical information we should be aware of: |  |
| **Parent/Guardian consent** (for participants under 16) | I give consent for this participant to attend Brixton Youth Theatre (BYT). **Signature of parent/guardian**: ...................................................................... |
| **Photography & Video Consent by parent/guardian** | I give consent for this participant to be photographed and/or filmed Images and video may be used to promote BYT activities and future projects, including on BYT website and social media platforms. No names will be used.  **Signature of parent/guardian:** .........................…....…………………………… |
| **Parent/Guardian contact details** | **Name:** |
| **Email:** |
| **Mobile:** |
| **Home/work phone number:**  |

Our funders often require statistics about the people participating in our projects. If you are happy to share these details, please complete the questions below.

|  |  |
| --- | --- |
| **Gender**Please circle |  **Female Male Prefer not to say** |
| **Ethnicity**  | Please tick one option below. These categories are specified by one of our main funders.  |
|  | Arab/North African |  | Black or Black British Caribbean |  | West European (please specify) |
|  | Arab/Asian |  | Black or Black British African |  | White British |
|  | Asian or Asian British Indian |  | Chinese |  | White Irish |
|  | Asian or Asian British Pakistani |  | East European (please specify) |  | White other (please specify) |
|  | Asian or Asian British Bangladeshi |  | Mixed other (please specify) |  | Unknown |
|  | Asian or Asian British other (please specify) |  | Other ethnic group (please specify) |  |  |

**Return this form to BYT in order to apply for the project. post or email to: Brixton Community Based Impact Brixton 17a Electric Lane London SW9 8LA** **/ info@brixtonyouththeatre.com**