**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**](mailto: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 music  Singing 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**