

**Brixton Youth Theatre Youngers (7-11)**

**Participant Application Form**

Please fill in your details below to apply to join this project and have the form signed by a parent/guardian.

If you would like to find out more about this project please:

**Email** Caroline at [brixtoncommunitybase@gmail.com](mailto:brixtoncommunitybase@gmail.com) or visit our website, [www.brixtoncommunitybase.org](http://www.brixtoncommunitybase.org/)

Or [www.brixtonyouththeatre.com](http://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**: | | | | |
| **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. | | | | |
|  | Turkish | |  | Kurdish |  | Mixed Ethnicity |
|  | Pakistani | |  | Black caribbean |  | White & Asian |
|  | Bangladeshi | |  | Black Congolese |  | White I& Black British |
|  | Indian | |  | Black Nigerian |  | White & Black Caribbean |
|  | Other Asian | |  | Black Somali |  | Other mixed ethnicity |
|  | Chinese | |  | Black British |  | White British |
|  | Moroccan | |  | Black African |  | White Irish |
|  | Latin South American | |  | Black Other |  | Albanian |
|  | Filipino | |  | Iranian |  | Kosovan |
|  | Turkish Cypriot | |  | Other Background |  | White European |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Eligible for Free School Meals |  |  |
|  | Claiming benefits |  |  |
|  | Without recourse to public funds |  |  |
|  | A frontline worker |  |  |
|  | Vulnerable or disadvantaged in any way (please give more information) |  |  |

**Return this form to:**

[**info@brixtonyouththeatre.com**](mailto:info@brixtonyouththeatre.com) **or call Max Gold to register 07960964558**

**The project will take place at St Vincents Brixton – Talma Road, Brixton London SW2 1AS**

**Sessions run from 4.15-5.45 pm**

Logo, company name

Description automatically generated